THE MANAGEMENT OF A NERVE PATIENT

A. T. SCHOFIELD

Bought of
P. BLAKISTON'S SON & CO.,
MEDICAL BOOKSELLERS,
No. 1012 Walnut Street,
PHILADELPHIA.

BOSTON
MEDICAL LIBRARY
8 THE FENWAY

THE BOSTON
Jan. 12, 1906.
Medical and Surgical
JOURNAL.

THE MANAGEMENT OF A NERVE PATIENT

BY THE SAME AUTHOR

THE FORCE OF MIND; or, The Mental Factor in Medicine.

Third Edition.

UNCONSCIOUS THERAPEUTICS; or, The Personality of the Physician.

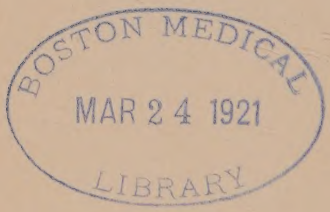
THE MANAGEMENT OF A NERVE PATIENT.

By ALFRED T. SCHOFIELD, M.D.,
Author of 'The Unconscious Mind' 'The Force of Mind' 'Unconscious Therapeutics' &c.

PHILADELPHIA: P. BLAKISTON'S SON & CO., 1012 Walnut Street.
1906

19. F. 315

PRINTED BY
SPOTTISWOODE AND CO. LTD., NEW-STREET SQUARE
LONDON



TO

MY BEST NERVE PATIENT

THIS BOOK

IS GRATEFULLY DEDICATED

PREFACE

I THINK perhaps the subjoined extract from a review of a previous work of mine, that appeared in the 'Medical News' of January 14, 1905, gives a fair idea of the purport of this monograph, in which I have tried to give the detailed management (which is far more than mere treatment) of a case of functional nerve-disease, from the standpoint of a physician who is to some extent alive to the force of mind in Therapeutics.

The extract is as follows: 'Dr. S—— recommends that our future physicians be instructed systematically in the power of mental influence over the minds and bodies of all sorts of people, for it is practically by these means that the charlatan gains his livelihood.

'There are signs of a growing belief among many excellent scientists that the mind can dictate more to the body than the more materialistic of our physicians can be made to believe.

'All that the professional man demands in opposing the ever-growing hordes of quacks of every sort is knowledge.

'The part of medicine which is to-day the most neglected of the many branches is the science of the mental aspect of the individual. Indeed, in speaking of it as a branch, we belittle it unduly, for it is one of two or three foundations of the whole. If nothing else, quackery shows us that what the medical student most needs, in addition to his curriculum, is a wide and detailed knowledge of the individual as a unit, who is both mind and matter, fire and clay.

'We hear much of this of late, but not yet enough; for no more than two or three only of our best medical schools, out of the hundreds in the land, include it in their subjects of instruction.

'Did the medical practitioner inspire invariably the confidence which the quack by mere force of suggestion often compels, how much greater still were his success!

'But too often he thinks of his patient as little more than an organised machine, best controlled by means which never range outside of narrow mechanical effects.'

I do not agree with every word of this, but, broadly speaking, it presents the gist of what I try to illustrate here in the management of the nerve patient.

I have descended to very small details, with most of which my readers are of course familiar; but I have endeavoured to show their value rather on their psychic than their physical side. I have also reiterated many truths more than once from different points of view when I thought them important.

Much more remains to be said upon this important subject, but if I have succeeded in any way in showing what mental therapeutics can and what they cannot do in functional nerve-disease, my purpose will be accomplished.

ALFRED T. SCHOFIELD.

Harley Street, W.
1906.

CONTENTS

CHAPTER		PAGE
I.	Introductory	1
II.	General Ætiology	11
III.	Present Position of Psycho-therapeutics	24
IV.	The First Interview	46
V.	The Diagnosis	80
VI.	The Prognosis	93
VII.	General Mental Therapeutics	104
VIII.	Self Treatment	117
IX.	Medical Treatment—the Doctor	131
X.	Medical Treatment—the Remedies	153
XI.	The Medical Advice	174
XII.	The Rest Cure	190
XIII.	The Progress of the Case	216
XIV.	Other Forms of Cure	231
XV.	Convalescence	242
	Index	257

THE MANAGEMENT
OF A
NERVE PATIENT

CHAPTER I

INTRODUCTORY

Greater movements are taking place in Medicine than in Surgery. The general opinion, I think, rather contradicts this, chiefly because the advances in Surgery are more on the surface, and therefore more obvious.

Movements in medicine.

The absolutely marvellous results of surgical cleanliness, the unlooked-for possibilities that are thus opened up, are matters of common observation to the laity everywhere, as well as to the profession; even if the enormous sums of money which this cleanliness involves in constructing spotless operating-theatres and providing germless instruments, to say nothing of the solemn and elaborate

Advance in surgery.

ritual accompanying their use, were not the subjects of countless discussions and papers.

Apart from all this, and even if it could be entirely hidden from the public gaze, the wonderful results themselves, so common now, though half a century ago rightly deemed impossible, would suffice to herald the advance of surgery everywhere.

Advance in medicine.

In medicine it is well known advances have been made, and new drugs either discovered or produced synthetically to order as required (in Germany). The visible world (of man) has been clearly shown to be dependent for its health on the action or inaction of the invisible world (of micro-organisms) in a way also totally unsuspected fifty years ago. This advance in medicine is as notorious as the antiseptic revolution in surgery, and so far the one may fairly be taken to balance the other.

But were there nothing more, my opening statement would not be justified.

The movement to which I allude that is changing the practice of medicine completely, is the result of irresistible pressure ; and, though still strenuously resisted by the conservative members of our profession in their practice and writings, is increasing in its growth and gradual progress.

I allude to the recognition of two facts—the force of mind in medicine and the power of the unconscious mind in man. I do not propose to enlarge now upon the meaning of these two phrases; their meaning and bearing will fully appear later on. My present object is rather to indicate the need of recognising and utilising the new forces at our disposal—especially in meeting and combating the enormous increase of functional nerve-troubles of all sorts.

Force of mind in medicine.

Functional nerve-disease is sweeping over civilised society like a plague. Dr. Goodhart remarks,[1] 'as the world grows older it tends to grow more nervous. I do not see how it can well be otherwise. It is brain pitted against brain, and ever increasingly so. It is not liver against liver, or heart against heart, or only indirectly so.'

Functional nerve-disease like a plague.

Of course medical men, accustomed to hypertrophied hearts and similar instances of adaptation to meet increased strain, argue and rightly that the brain of man is quietly evolving to higher powers, and becoming better and better able to resist the pressure of its environment. This may be so, but still breakdowns must be most frequent where the strain is greatest, and the battlefield of

Psychic strain increasing.

[1] Dr. Goodhart, *Lancet*, October 30, 1897.

life is increasingly on a psychic rather than a physical plane.

Functional nerve-diseases, ranging in their effects from slight physical defects to severe mental disturbances, are at any rate increasing by leaps and bounds; and there is scarcely one family in this country but has suffered in some of its members from this trouble in one way or another.

Discovery of the underworld.

To combat this distressing and widespread class of disease, medical science has been singularly ill prepared. The very discovery of the vast underworld of microbes, revealing as it did the real cause of a large number of diseases and fevers of mysterious origin, helped in no way the solution of the problem presented by these nervous diseases. Indirectly they revealed a marvellous power of organised self-protection that the body possessed, in a way not dreamt of before it was demonstrated by Metchnikoff and Pasteur, and of which I shall have more to say in the next chapter; but otherwise the results were threefold: (1) The rise and progress of true antiseptics and of aseptic surgery; (2) the intelligent direction of sanitation; and (3) the decline of drugging.

Materialistic movement in medicine.

In another direction the progress of medicine was adverse to dealing with a class of disease that

consisted of an ill-defined complex of mind and matter. Improved methods of diagnosis, instruments of precision, rigid regard to physical signs, the advance of physiology, explaining on a mechanical basis the most obscure natural processes, all tended more and more to reduce the body to the level of a singularly complex motor-car, and the physician and surgeon to highly trained mechanical engineers. It is indeed as such to this day that many distinguished men take pride in regarding themselves; practically oblivious in their practice that in each case they have to deal with LIFE, governed everywhere and always by MIND. This fact is the predominant one in dealing with functional nerve disease.

The psychic plane.

There are other physicians, as we may freely own, equally distinguished who are not absorbed in materialistic phenomena; but, looking above and beyond these, discern with increasing clearness the dim power that moves and governs matter in the body, which I have ventured to term 'the unconscious mind,' but which is more familiarly known as 'Nature.'

Scope of book.

My object therefore in this monograph is to describe in some detail the management of a functional nerve-patient from the standpoint of

a practical physician who is already imbued with a strong sense of the all-pervading rule of mind over matter.

No doubt, as I have said, there is a vague and undefined belief that in disease the mind may at times be a factor; but even then, it does not greatly influence the practice of men who, trained only to value the seen, think more of the visible drug than of the unseen influences that may advance or retard the cure. The study of all leading systems of medicine gives scant support to the idea of any force of mind over the body; and few in the profession believe for a moment that this force, after all, is, in the class of disease we are considering, the strongest power at our disposal, far exceeding in therapeutic value all the 'nauseous gums' and synthetic Teuton compounds, both in and out of the Pharmacopœia.

The leading force in nerve disease.

Of course sober men have felt in recent years, in face of the waves of psychic nonsense that flood this country from America, the increasing difficulty of a right consideration of this subject. Truth and exaggeration seem so inextricably intermingled in transatlantic psycho-therapeutics, that many have thrown up the whole subject in despair.

Great exaggeration prevalent.

But the truth is so great, so all-powerful, that

it is worth rescuing and holding at all costs; and an endeavour will be made in these pages to express it as it appears to the writer, without exaggeration. The two facts alluded to at the beginning of this chapter are ever before me. First, the influence of one mind (the physician's) over another (the patient's) consciously, but more often unconsciously,[1] that begins with the first letter written and does not necessarily end even with the last interview; and secondly, the influence (almost all-powerful) of the (patient's) mind over the (patient's) body in cure.

Two important facts.

Such a standpoint, though I am glad to know by no means unique, is still sufficiently rare amongst practical physicians in this country to lead one to believe that, in a book written on such lines, things new as well as old may be found.

Psychic standpoint rare.

Of course in practice in these still novel paths many ineffectual methods are used, much failure is experienced, much is empirical; but still the consciousness ever grows that this and this alone is the right track along which functional nerve-disease must be cured.

A great danger, also, nearly always dogs the

Dangers of specialists.

[1] *Unconscious Therapeutics, or the Personality of the Physician*, A. T. Schofield (Churchill).

specialist, and that is, however broadly he may have been trained in general practice, he is constantly in danger of looking upon all diseases as varieties of functional nerve-trouble and of using some fads to cure them. Cure-alls abound and are all fallacious. I do not know a single curative agent but has more claimed for it than it deserves, and this is pre-eminently true of mental action in disease.

Trans-atlantic exaggeration.

Again and again from that land where exaggeration seems endemic, some new teacher of higher health or thought or life arrives, with credentials so overwhelming and words so convincing that it really seems as if the universal panacea was at length brought to light. Ever and always the same failure follows; still in turn it is seen that beneath all the froth there is the small firm basis of truth that suffers greatly from its fictitious additions.

To keep a broad and open mind in medicine and to be delivered from fads should be the earnest prayer of every specialist, as it is the desire of the writer, though some who read this book may not think so.

Treatment uninteresting.

One word about my subject before I close this introductory chapter. 'Treatment' is, as a rule,

the least interesting part of medical study to a doctor. Ætiology, pathology, diagnosis, prognosis, and even sequelæ have all their attractions, but 'treatment'—well, that is dismissed in a very few words. The public, however, have quite an unreasonable liking for being 'cured' rather than merely 'diagnosed,' and to some this appears so strange that in a recent medical work the desire to be 'cured' (in inverted commas) is ridiculed, together with the desire to know 'the cause of the disease' (more inverted commas). To the latter query—put no doubt with the greatest anxiety by the sufferer or his friends—the doctor is recommended to reply, 'I do not know the cause of anything. Do you?'

Medical position deteriorating.

No wonder the writer of that book says elsewhere in the same volume 'that the medical profession, apart from a few distinguished individuals, does not hold, in the estimation of the public, anything like so good a position as that which it held fifty years ago'; and he adds 'that a change definitely for the worse has taken place in the conduct of medical education,' coincident with the great advance in medical knowledge.[1] This may

[1] See *Times'* Literary Supplement, review of *Doctors and their Work*, January 29, 1904.

be true, but it seems unnecessary for the writer, who is himself a courteous gentleman, to illustrate it in his book by advising such brusque and contemptuous replies to a public unreasonably interested in 'cures' and 'causes.'

It is also a little strange that a doctor who is for ever talking of predisposing and exciting causes in every disease should be told to say, 'He does not know the cause of anything'!

Treatment is changing.

I venture to think that the whole question of the treatment of disease is undergoing profound modifications, and that the day is not far distant when it will be placed on as sound and scientific a basis as that of ætiology or diagnosis, and I hope in the special branch of functional nerve-disease this book may be of some help.

CHAPTER II

GENERAL ÆTIOLOGY

The word 'medicine,' in the language of Lord Beaconsfield, 'comprises in itself an interesting study of no inconsiderable magnitude.' It is therefore well that, before entering upon the management of a case, we should understand something of the task before us and possess the spirit in which alone it may be accomplished.

Oesterlein on medicine.

As to the task, Professor Oesterlein tells us that 'the department of medicine rather approaches that of the psychologist or the moralist, who, like us, have to deal with the most complicated phenomena and processes with an aggregate of causes and effects, without being able to take to pieces and manipulate what they meet with in Nature and disease.' [1]

Fichte on truth.

As to the spirit in which such a problem should be approached, hear Fichte: 'My life, my fortunes,

[1] Dr. Oesterlein, *Medical Logic*, p. 81.

are of but little moment, the results of my life are of infinite moment. I am a priest of truth, I am in her pay. I have bound myself to do all things, to venture all things, to suffer all things for her.'

Searchers after truth.

If, then, in the course of the arguments I shall adduce I have the misfortune to differ from my readers, or they from me, in any matters, let each at any rate give the other credit for being a searcher after Truth in these subjects before us, and willing to follow anywhere where she may lead.

We will then in this spirit try to reduce the problem before us to its simpler terms, and briefly analyse the attacking forces or causes of disease, and the resisting forces or therapeutics that lie at our disposal.

Predisposing and exciting causes.

Causes have ever been divided, and rightly so, into predisposing or indirect, and exciting or direct; and I think we may group each under three classes. Overstrain, sudden shocks or irritants, and lowered vitality or malnutrition will include nearly all varieties of predisposing or indirect causes of disease; while germs or living poisons, chemical poisons, and mechanical agents, under which we include growths, pressures, obstructions of all sorts, comprise the leading exciting causes of disease.

Turning to the defending army we will for the

present entirely set aside all auxiliary forces, such as drugs, diets, surroundings, stimulants, &c., and concentrate our thoughts on the one great central force, on the efficacy of which recovery in every disease ultimately depends, and that is 'Nature' or the *vis medicatrix naturæ*—in other words the 'Unconscious Mind.' I do not force the latter phrase lest it might irritate any brought up in orthodox psychology; or, still worse, lead to the idea that there are two minds. As I have often said, there is but one, on the upper and more objective side of which the light of consciousness shines more or less fitfully, while the lower and more subjective part, of which I now speak, is always acting unconsciously to its possessor; on which I think its safety and freedom from injudicious interference really depends. Just as the conscious ego is ever occupied with external problems, and shows its capacity by dealing with the relations of the man with the world outside, the self with the not-self, so on the other hand the unconscious central ego is ever busy controlling, guiding, and arranging the forces of the body (of which the man himself is wholly unconscious) for the good and protection and safety of the organism. This is life, and life is mind.

The defending army.

There is but one mind.

The two egos.

Variations in efficiency.

Now this central power varies greatly in its efficiency, and for two reasons. In the first place the mind is not always in the same vigour. We notice this in our consciousness, and I think there is proof enough that this variation extends to unconsciousness.

Take the case of a man of normal digestion with whom a meal disagrees when eaten in a condition of severe mental fatigue, or after the receipt of bad news or experiencing a great shock. The only possible explanation, it seems to me, considering that the physique and food remain the same, is that the cause is mental and is to be found too in that part of the mind which presides over digestion. I may say it is a great mistake, from which I trust all my readers are free, to treat any of the organic processes as wholly and solely mechanical.

Organic processes are purposive.

There are indeed exquisite mechanical adaptations in one and all, but the use of these in their right proportions, and in accordance with the varying needs of the individual as a whole, is and must be mental and purposive in character. Digestion, Circulation, Respiration, Secretion, Excretion, Reproduction, Cerebration, are then, one and all, due to mechanical processes, governed and guided by

a central controlling mental power, capable of adapting means to ends under all the varying changes of life.

Thomas Sydenham said that there are two great principles . . . supreme in the art of medicine, and the first is that 'Nature cures diseases.'

Nature cures diseases.

I find, however, it is one thing to nod one's head in passive assent to such a dictum, and quite another to recognise and to act upon the fact daily in active practice.

But to resume. I have said that Nature or the unconscious mind varies in its efficiency greatly and from two causes. The first, I have pointed out, is change in the mind or controlling-centre itself, and may be profound in character. Indeed the unconscious mind can become so weak, the *vis* so ineffectual, that little or no healing process takes place, the germs pursue their ravages unchecked, the broken bones remain unknit, the sores do not heal, and all this may be due to mental inanition or debility.

Two causes of weakness.

The second cause lies in weakness of the instruments or means at the disposal of the mind; in short, this cause is material. It consists of poor blood, poor physique, weak functional action: quality, quantity, and movement being all wrong.

Three predisposing causes.

I have enunciated three predisposing causes of disease. An examination of these will show that they are all connected with the efficiency of the unconscious mind. One of them is sudden shock or irritation, a condition whose effect is psychical, producing deficiency of mental power. The other two illustrate the second cause of non-efficiency of the *vis medicatrix naturæ*, which is physical in character. These are overstrain and lowered vitality [1] or malnutrition. However energetic and forceful the controlling mind may be in the cause of health, it cannot restore it under such conditions.

Condition of the *vis* varies.

'Nature,' or this *vis medicatrix naturæ*, is often spoken of as if it were a constant force. It is nothing of the kind. One of the first cares of a wise up-to-date surgeon is to ascertain its efficiency in his patient; in other words, to find out if he has good healing power to deal with. Constantly before an operation, if the surgeon suspects this great therapeutic force is not acting efficiently, the patient is sent to recruit first for a month in the country before the surgeon will operate.

More rarely, but not infrequently, the physician

[1] The lowered vitality may be caused by previous disease, such as influenza.

in facing a disease will carefully inquire in what condition the patient's subconscious mental powers were at the invasion, and what is the general physical state, through which, of course, alone the mind can carry out its 'treatment.' This word is indeed justified, for it is not too much to say that the *vis medicatrix naturæ* is the most reliable consultant, and indeed is in charge of the case for days before the doctor comes on the scene.[1]

Unconscious self-treatment.

Far more important then with regard to cure than the physician called in or the drugs used, is the state of the mind and body of the patient himself; and in disease both of these may vary in effectiveness, from almost zero to almost omnipotence.

We have seen that the real predisposing cause of nearly all disease is want of mental or physical efficiency of the controlling centre, and if now we look at the exciting causes of disease we can see better why this is so.

The three exciting causes I have given are living poisons, chemical poisons, and mechanical agents.

Three exciting causes.

What is the greatest force we possess with which to combat the first of these in the world of micro-organisms? It is undoubtedly that which

[1] Dr. Wilkinson, *Lancet*, 1897, ii. 151.

resides within our own bodies. If the bacilli or bacteria kill by toxins the poisons are resisted by antitoxins, and the bacteria by phagocytes.

Our defensive army.

As Metchnikoff has indisputably shown, we have an army of leucocytes amply sufficient to withstand every infectious disease, extremely mobile so as to be readily concentrated at any point of invasion, fertile in resource in using novel methods of defence to resist unexpected plans of attack; all this has been demonstrated again and again.

Army useless without leader.

But of what use is an army if it be starved or without a leader? And of what use is the multitude of protective cells if they are enfeebled by physical overstrain or malnutrition, or, on the other hand, if the unconscious mind is so weakened or disabled as to be unable to direct them?

That this is frequently the case we see in epidemics, and in many other diseases that are due to bacilli but cannot be classed as infectious fevers; such as catarrhs, influenzas,[1] pneumonias, &c. Here we constantly see those whose physical or mental powers, or both, are exhausted, succumb, while others in better condition recover. Nay

Immunity depends on the force of the *vis*.

[1] Influenza especially may act as predisposing cause through the exhaustion it leaves, and as exciting cause in a subsequent attack by direct poison.

more, we see others so robust in body and so fearless in mind that though they breathe just as many of the germs, these cannot successfully attack them at all.

The *morituri*.

There are many whose natural defensive powers are ever at such a low ebb that Sir B. Ward Richardson has called them the *morituri* or those about to die—those who cannot resist any sudden attack of disease.

The *vis* and chemica poisons.

Take the second exciting cause, that of chemical poisons, such as those producing gout, rheumatism, and other diseases. Here again a vigorous unconscious mind sets the whole organism to work to eliminate the acids in the shortest time; either by rendering them inert by combination with an alkaline base, and then carrying them away in the secretions; or in passing the acid directly out of the body in acid sweats, acid urine, &c.

The *vis* in fractures and obstructions.

It would appear at first sight that mechanical obstacles, obstruction, and the like, are beyond the power of the *vis medicatrix naturæ* to heal, but it is not so; and the efficiency of this force is as important here as elsewhere. Take a fracture, an embol, a thrombus, or an incompetent heart-valve: if Nature be in full vigour mentally and physically the union is speedy and complete, the obstruction

is overcome, and fresh channels formed for the blood, the heart becomes hypertrophied and compensated, instead of being dilated and weakened.

Four conclusions.

Time would fail to go fully into this great subject. Perhaps enough has been said to show:

1. That the resisting and curative forces of the body vary immensely in efficiency both from physical and psychic reasons.

2. That the predisposing causes of disease practically resolve themselves into such loss of efficiency, either mental or physical.

3. That the overcoming of the exciting causes of disease depends on the force of the unconscious mind and of the agents at its disposal at the time.

4. That the recovery of the patient from disease depends more upon the efficiency of the *vis medicatrix naturæ* than upon any other agent.

Perverted action of the *vis*.

Turning to one more particular subject, I must go one step further still, and point out that the unconscious mind may not only be weak and wanting in therapeutic efficiency, but may get so perverted from its true work as to become itself a positive source of disease, as in hysteria, neuromimesis, and sometimes in neurasthenia.

It is important to note here that I speak of the unconscious mind only, and that the patients so

affected are all rightly considered as sound in their minds (that is, their conscious minds), though the unconscious mind is certainly seen to be unsound from its producing symptoms of disease that does not otherwise exist.

Madness and hysteria distinguished.

A person whose conscious mind is unsound is suffering from madness: one whose unconscious mind alone has gone astray suffers from neuromimesis or hysteria; and the distinction is good.

A fifth conclusion.

We therefore add one more conclusion:

5. That the unconscious mind may be so perverted as to become not only useless for ever, but a positive cause of disease, and particularly of functional nerve-diseases, such as hysteria and neuromimesis.

What, then, is the duty of the physician who looks at disease from this standpoint and recognises that another skill than his own is already devising means of cure?

Physician should aid the *vis*.

It is, of course, to strengthen this natural force physically and mentally by every means in his power; and, above all, by his own manner and bearing, in addition to and beyond all his remedies, inspire the unconscious mind through consciousness with fresh courage and vigour to carry on its work. Once this is seen it is clear why certain

qualities are found in practice to be so valuable therapeutically to a physician.

Sir V. Horsley on Sir W. Gull.

Sir Victor Horsley says[1]: 'I overheard Sir William Gull declare that sympathy is as necessary to a physician's success as clinical or therapeutical ability, and I am fully persuaded that there must be . . . a case of genuine sympathy. It is not gush that is wanted, but a controlled compassion which quickens insight and gives gentleness to the touch, while it inspires confidence in the patient *and nerves him to aid the doctor in shifting the burden of disease*.' (The italics are mine.)

Sir H. Acland on the ideal consultant.

Sir H. Acland says of the ideal consultant that he is 'always genial, always repays the confidence he invites by possessing the patient with the belief that his malady is indeed of personal interest to his adviser, who considers, and pronounces, and prescribes as if he were in the other's place. This is what Celsius means by the *hilaris vultus* of the ideal consultant.'

The best therapeutist, the best curer of disease, is not he who knows best, but he who is most conservative, sympathetic, and self-forgetful.

Great value of personality.

These and similar qualifications are of especial value in treating functional nerve-diseases, and

[1] Sir Victor Horsley, *Brit. Med. Journal*, October 3, 1891.

act here in a double way. They not only secure the confidence of the patient and so lead him to place himself unreservedly with trust and hope in your hands, but they act directly on the unconscious mind, and in many cases begin the cure you are anxious to effect; so that many, very many, feel markedly better after being for a short time in the stimulating presence of a physician who has these qualifications.

CHAPTER III

PRESENT POSITION OF PSYCHO-THERAPEUTICS

Position of psycho-therapeu-

I HAVE pointed out in a general way some of the general points in ætiology in connection with the curative forces in the last chapter; but I feel that before entering directly upon my theme, I must say a word as to the position of psycho-therapeutics in this country at the present time.

Uncon-scious influence.

I do not propose to go over again old ground traversed in my previous works, to which I may refer my readers for illustrations, as to the good and evil a physician may unconsciously do his patient day by day.[1]

Those who take the trouble to read carefully the evidence given in those works will be filled with wonder that a power so great for good and evil, having even the power of life and death in some cases, should

[1] See *Force of Mind* (Churchill) and *Unconscious Therapeutics* (Churchill).

be so little understood, and no serious attempt made to give any instruction in the medical curriculum as to its right use. They will see that the first essential for the successful management of a nerve patient is a right understanding of the powers of mental therapeutics, which after all must be one of the chief agents of cure in functional cases.

The first essential.

Unhappily at present it is difficult to get a hearing for psycho-therapeutics, for the whole country is so overrun with an invasion of American mystics who, under high-sounding titles, have exploited the subject in every possible way; and I regret to say have surrounded it with such an atmosphere of exaggeration, high faluting, and general tall talk, that it is very difficult to get a quiet staid medical man to speak of it at all save with disgust. This disgust is not lessened but rather increased by the undoubted cures that everywhere accompany the promulgation of even the most exaggerated views of the powers of psycho-therapy.

Evil of American mystics.

Disgust at cures.

Those who take time to consider the real action of the *vis medicatrix naturæ* of the mind over the body and of mind over mind, will however not be deterred from the careful investigation of these truly

Exaggeration must not deter us.

remarkable forces by any amount of transatlantic extravagances.[1]

These foreign importations seem to me to be of two sorts: those that mix the spiritual with the mental, and those that work on the mental plane only.

Mixtures of spiritual and mental therapy.

Mixtures of any sort are generally and wisely regarded with suspicion, and taken with caution; but they are not all bad, and undoubtedly there is a wise mixture of Christianity and medicine, or of holiness and health, that is neither nauseous nor dangerous, but both sane and wholesome. Indeed the derivation of health, wholeness, and holiness is the same, and these words express kindred ideas in the material and spiritual worlds respectively.

Health, wholeness, and holiness.

Most thoughtful men will agree that the tenor of Professor James's Gifford Lectures on 'Some Varieties of Religious Experience' is to show that training of the mind as a whole leads to health; and that one of the most beneficial effects of true Christianity is the harmony it produces in the spirit when the soul is in tune with the Infinite.

In tune with the Infinite.

[1] I am truly sorry to allude in this chapter in such an uncomplimentary way to certain American importations; but it is actually true that it is from thence that most of these mystic creeds hail; and there really seems something about the country (whether it be its air or its size) that almost appears to foster exaggeration.

So far then we may safely go, but this has little affinity with American teaching.

I cannot here describe the innumerable ways in which a more or less pseudo-Christianity is mixed up with very exaggerated psycho-therapy, nor would many have patience to read it if I did.

Nauseous and dangerous.

To a Christian man, and especially to what one would call an earnest Churchman, the mixture is more nauseous than dangerous; to the visionary, the waverer, the unstable, however, it is more dangerous than nauseous.

Personally as a medical man and a Christian I object to it, in whatever guise it appears, because the mixture of two bad things cannot make one that is good, and I hold that a Christianity that is not the 'faith once delivered' and is not recognised by any known Christian body in this country, is a pseudo-Christianity and bad; and that gross exaggeration is also bad; and these two are found in the mixtures I allude to.

Great evil done by false systems

As a medical man who is earnestly striving to get psycho-therapy recognised in its proper place in medical teaching and practice, I feel most strongly what incalculable harm is done to the cause of truth by surrounding it with such exaggeration and such mysticism.

To listen to much of their teaching and read many of their books you would believe that psychotherapy was the beginning and end of all health, truth, and practice; that medicine and doctors were one and all not only futile, but so many evil suggestions of disease; that no disease was possible and perhaps even death doubtful, where their teaching was faithfully followed.

Disease abolished and death doubtful.

Those who take a lower standpoint and do not mix up their mental science with Christianity exaggerate no less, though they leave religion alone.

Needless to say, though they are all bitterly opposed to medicine as it is, they hate each other almost as much.

And yet—and yet it is the fact that cures, many of them most remarkable, everywhere abound; which fact alone makes these vagaries worthy of notice; and these are really due to psychotherapeutics, or the power of the mind over the body. It is therefore absolutely necessary for every seeker after truth on this subject patiently to rake over this mass of exaggeration to find the pure gold it conceals.

Some truth in it all.

Nothing hinders true progress more than exaggeration; and, above all, on a subject that is

difficult of direct proof, and not generally understood.

The mind cannot cure all.

There are many diseases that are not cured by the mind alone. Indeed those that are, are limited mainly (though not I think necessarily) to functional nerve-diseases. But in every case of disease the condition of the mind is an important factor, and when the powers of the unconscious mind are fresh and active, repair and resistance are rapid and strong, and recovery is the rule. I do not limit the powers of the unconscious mind to functional nerve-disease, because we know its powers can also actively direct physical processes, and we are also aware that the term 'functional' by no means excludes a physical basis, but merely implies that this basis is not apparent to our coarse and crude methods of observation.

Functional and organic disease.

To say therefore that there is a hard and fast line, on one side of which the condition of mind is of use and on the other side of which it is not, is to betray our own ignorance of modern research.

Two important points.

To understand the matter even in an elementary way we must clearly keep before our mind these two points:

First, that Nature—the *vis medicatrix naturæ*—the unconscious mind on the entrance of disease

or accident at once (whenever this mind is in a normal state) resists the one and repairs the other.

Second, that this natural resistance and repair can be retarded or aided greatly by the physician, and sometimes by the patient.

Natural and artificial action of mind.

That is to say, we have in disease to deal both with the natural therapeutic action of mind, and with that artificially induced.

I have already spoken a little of the former, and shown that the great point is that the unconscious mind should be strong, active, and provided with efficient tools by a healthy body.

Three artificial helps.

The artificial help that can be given to these natural processes may be afforded by oneself—by a quack—by a physician.

1. By oneself.

1. By *oneself*. Elaborate manuals have been written on 'Auto-suggestion,' on 'Mentalism,' on 'Will-power,' on 'Self-cure,' or 'Mind-management,' and a hundred other subjects; all of which hold out to the sufferer the prospect of being able by certain mental processes to resist and to cure disease.

Books on auto-suggestion.

Many have bought these books and tried these methods, which consist in various ways of violently asserting you are not ill when you are ill, of suggestion of health, hope, and happiness, of resolu-

tions of various kinds; sometimes combined with supposed physical aids such as rest, deep respirations, special exercises, &c., and sometimes not.

All these books are not written by quacks, though all savour of quackery; for all that I have seen promise more success than is met with; and yet again, they are far from being wholly false.

Some self-help is always possible.

There is undoubtedly a power that the conscious mind can exercise over the unconscious, and as there is no doubt that cure can be retarded by anxiety and despondency so it can be aided by peace and hope. But even beyond this, there is no doubt that in some cases of strong wills this power can be used to such purpose as to determine in critical cases the question of life and death, and in many others can be made effectively to assist in recovery.[1]

Nerve patients deficient in will.

But the great point is that most functional nerve-sufferers have neither the energy nor the strong will required, and are unable to put in practice methods when ill that they could if they were well. The very illness lessens the power of self-cure.

This power of self-help is far more effectively exercised in mental hygiene than in mental thera-

[1] For remarkable instances of this see *Force of Mind*, 3rd edit. pp. 218, 219 (Churchill).

peutics—that is, a wise direction of one's mental powers is far more effective in preserving oneself in health than in restoring it when lost.

Auto-suggestion often disappointing.

While never therefore wholly ineffectual, auto-suggestion can seldom do as much as is claimed for it, and in sickness often proves most disappointing and useless, even when earnestly tried.

Simply to try to believe oneself well when ill is still more futile; though, like all else, not always absolutely powerless. The limits within which auto-suggestion is helpful are pointed out in Chapter VIII.

The other two ways of artificially stimulating the unconscious mind to aid the body are by quackery and medicine.

I am not carefully defining quackery here, but use the term broadly to indicate all treatment conducted by those who have not received medical training; which, however defective it may be in some way, is still an absolute necessity for those who would think, speak, or act rationally in disease. I will take the quacks first.

2. By quackery.

2. By *quackery* the power of the mind may be utilised in endless ways. This psychic power may be used in legitimate, and in what I may call illegitimate ways. By the latter I mean

those requiring arbitrary beliefs in systems of ready-made theology or philosophy, or the belief in marvellous powers of men and things—*e.g.* Lourdes, coat of Treves, and relics and charms generally, occult and spiritualistic phenomena, &c.

Quack methods not used in medicine.

None of these methods are, so far as I know, employed by medical men, and none of them are needed in the practice of psycho-therapy, though this class of means is nearly always used by quacks.

There is, of course, no doubt of the reality of many of the quack cures effected.

Sir J. Paget on quack cures.

Sir James Paget in his day freely acknowledged this. He wrote a pathetic letter on the subject to Sir H. Acland in 1866, as follows:

'What unsatisfactory cases these are! This clever, charming, and widely known lady will some day disgrace us all by being juggled out of her maladies by some bold quack, who by mere force of assertion will give her the will to bear, or forget, or suppress, all the turbulences of her nervous system.'

Letter to Sir H. Acland.

Sir J. Paget does not for a moment deny the reality, the value, or the permanency of the bold quack's cure. What he does is to foresee that he and Sir H. Acland will some day be disgraced by it (has not this day arrived?), and

this, too, in the person of some clever, educated lady whom Sir J. Paget admits he is powerless to cure. It is a deplorable picture, and none can study it without feeling there must be something fundamentally wrong to render such an attitude possible on the part of a great surgeon.

People care little *how* they are cured.

What makes it worse is that the lady herself would care little whether she was cured by legitimate medicine or 'juggled by mere force of assertion,' so long as, in the very words of Sir J. Paget, she was given 'the will to bear, or forget, or suppress, all the turbulences of her nervous system.'

There is no doubt that, after all discounts in the cause of truth have been made, there remain a large number of true cases of cure, and a surprising number of them have previously been to doctors in vain; and Dr. Hutchison's recent 'pious opinion' that no quack ought to be able to say with truth 'that he had succeeded in curing a case where a doctor had failed' is further from being fulfilled now than ever in Sir J. Paget's time!

Dr. Hutchison's 'pious opinion.

The curative agent is the mind.

There is no doubt that the curative agent is ever and always the underlying therapeutic power of the unconscious mind over the body, a power

which, I repeat, is practically ignored by our profession, and is not taught in our schools.

Testimony of the journals.

That psycho-therapeutics is neither taught nor learnt is stated by our journals. The *Brit. Med. Journal* says: 'Disease of the body is much influenced by the mind. . . . This is *not learnt* at hospitals.' The *Lancet* says (editorial, 1883): 'In disease the therapeutic value of faith and hope *though not in our text-books* (why ?) is often enough to turn the scale in favour of recovery.'

Legitimate practice of psycho-therapy.

Not, we repeat, that if it were taught, there would be the slightest need to copy the illegitimate practice of psycho-therapy pursued by the quack. Indeed, if this monograph possesses any value at all it is because it is an earnest attempt to indicate the lines along which psycho-therapy can be legitimately practised by the ordinary medical man.

Success of quackery.

The continued success of quackery, in spite of the spread of education and the advance in medical science, has been largely due to the great fact that medicine has not advanced (as pointed out in the first chapter) in this instance in the direction that is needed. No 'teaching of physiology,' no 'greater attention to treatment and minor disorders,' or any palliation of this

How to stop quackery.

nature, so recently recommended as a cure, will affect quackery one jot. But the recognition by the profession of the great powers of the unconscious mind over the body, of the scientific and practical value of mental therapeutics *will*, because it lets light into the whole *modus operandi*; and the jugglery of the bold quack will be no longer a mystery to any. The only medium that dispels darkness is light. It is true, leaders of our profession have in all ages practically recognised the mental factor in medicine, but it is none the less true that it is generally ignored to-day save by quacks, and hence the needless loss of so many of our best patients.

Light dispels darkness.

I advocate no special system of mental therapeutics, but I most earnestly desire to get the profession seriously to consider whether, as honest men, it is not their bounden duty to study and seek to understand every great power concerned in the cause and cure of disease.

Mental therapy should be studied.

I have not time now to prove the reality of this power. I have written books to show it in every way I could,[1] and if further evi-

[1] *The Mental Factor in Medicine, Unconscious Therapeutics* (Churchill); *The Unconscious Mind* (Hodder & Stoughton).

dence is needed, as Sir J. Paget shows, we have only to look at quackery.

Is it right to ignore it?

I ask in all earnestness: Is it right, is it scientific, is it fair, that a medical man can go laboriously through college and hospital, and sick-wards and lecture-theatre, and learn all that the medicine of to-day has to teach him, and yet be left in such ignorance of psycho-therapeutics? The day is for ever past when a physician can bound his knowledge or his practice by the physical; and the recognition of the mental factor in medicine is no retrogression, but a great advance in the study of therapeutics. A doctor should certainly be taught enough intelligently to answer these two questions, which should be ever before him at every sick bed. What part does mind play in causing this disease? and, How far can it be made to assist in its cure? And this he is not taught at present.

Every doctor should answer two questions.

A new field of medical study.

It may be asked, How can he learn this? I have no time to answer this question here. Suffice it to say it is a most interesting field of study, but a good text-book for it has yet to be written. Psychological medicine, at any rate, need not be chiefly confined, as now (and the

fact speaks volumes), to the study of mind when it has become pathological; but could well be extended to the investigation of its powers in causing and curing disease when sane, and to the general interaction of body and mind. Once the matter is considered, the first point that is pressed home upon the mind is the magnitude and importance of the subject.

A great reproach on the profession.

A great reproach certainly rests at present upon the profession on account of their attitude in this matter, and they suffer a corresponding great loss, not to be measured merely in thousands of pounds, as it well might, but in their forfeiting the confidence of so many of their patients, who get cured quite simply outside the profession by the application of definite laws of the powers of mind over matter, which doctors are never taught in their student days.

Needless loss of patients.

Darkness and quackery disappear as the true light and science enter, and the simple reason why the advance in medicine has affected quackery so slightly is, as I have said, because there has been little or no advance in this particular direction, which is the only one that could affect it.

Just now, however, such an advance is specially needed, for a knowledge of psycho-therapeutics

lays bare the *modus operandi* of all these new psycho-cults, which, hailing from America, have so overrun this country; and depriving them of all mystery, places the powers quacks ignorantly use on a scientific basis, and accords these powers their due place in the practice of legitimate medicine.

Special present need of advance in medicine.

Critics and cynics may point out many difficulties; but, when they have said all, I think thoughtful men will see there is still ground for believing that psycho-therapeutics may yet form a new and profitable branch of medical study, and thus lay the foundation for the downfall of quackery.

The downfall of quackery.

I have lingered thus long over the question of quackery because I think its continued success has, as I have pointed out, an important lesson to teach to the medical profession.

I have now shown how artificial help can be given to the unconscious mind by the patient and by the quack, and turn finally to the physician's part.

3. *By the physician.* The third way in which the power of the mind over the body may be artificially aided is by the physician.

3. By the physician.

Here I fear we must confess the worthy man

The doctor at sea.

is as a rule very much at sea, and almost without a compass, so that it is hard indeed for him to steer along the smooth waters of legitimate practice, and avoid running on the rocks of exaggeration and quackery.

I have stated that it is quite possible to use the powers of psycho-therapy legitimately and professionally, and this book is a small and amateurish effort to prove this. I trust it may turn out to be but the pioneer of larger and abler works on this interesting subject, for literature on it from the professional standpoint is sadly lacking.

Recognition of the *vis*.

I must not point out here the *modus operandi*, for this forms the subject of the whole monograph; but I may repeat that the practice of psycho-therapeutics involves the recognition of—

The natural powers of the *vis medicatrix naturæ*.

Its purposive and therefore psychic character.

The impossibility of influencing it directly by one's own will.

The possibility of influencing it indirectly through the conscious mind.

The possibility of a patient thus increasing the powers of his unconscious mind by auto-suggestion, faith, hope, &c.

The power of a physician to influence the patient's mind by (*a*) his personality, (*b*) his treatment, (*c*) his surroundings.

The fact that in every disease the mind plays some part.

The gift of healing.

Before I leave this subject I must just allude to what is termed the 'gift of healing.' By this I do not specially mean what was so called in the early Church; nor, indeed, is it definitely associated with Christianity at all. Neither is it acquired at will, or the product of any school or belief in quackery.

What I refer to under this name, for lack of a better, is an inborn power that some men and some women appear to possess that is more than an engaging or strong personality.

The power is inborn.

As far as I can discover, it seems a quality from birth that shows itself in early years; and, like all other qualities, can be improved by use or dwarfed by neglect.

I do not think very many possess it, nor is it in the least confined to the medical profession. It is often called magnetic force—a name, I need hardly say, that does not refer to any known form of magnetism.

Of three that come to my mind now, two never

Three instances.

practised it professionally at all; the third does, and successfully.

One was the personal friend of a well-known diplomat lately sent by our Government to settle a dispute in another country. His friend's powers becoming known, he was besieged at his hotel with a continual succession of people coming in and out to get a grasp of his hand and thus relieve their various ailments. It is not supposed that serious illnesses were thus cured, but minor ills, especially pains of all sorts, disappeared in a wonderful way. Of course no money passed.

A healing artist.

Another is a well-known artist. He came to me complaining of this power and wondering much how he could get rid of it. He was often asked out to dinner and to parties, and said he knew why. He told me that if any of his friends had headaches or neuralgias, or great depression after influenza, or any minor ailments, his appearance was enough to cause these to vanish.

He told me he first discovered his powers years before, when he cured a case on shipboard given up by the surgeon, simply by sitting with him in the cabin. Naturally I was sceptical; but when I got the names of one or two of his friends, one a well-known City merchant, and found that

his powers were well known and much appreciated, I saw that the artist probably had this gift.

Pain subdued by 'healing' power.

A third will, I fear, be called a quack by my medical friends, for he takes a moderate fee for his services at times, though he constantly works for nothing.

I had a bad case of rodent ulcer, the pain of which had become so intolerable that morphia in large doses was constantly required. Some relatives heard of this man and, unknown to me, he came to see the patient, held her two hands when she was in agonies of pain, and at once it left.

If different parts of the head and face were painful (where the lesion was) a touch at once removed the pain, and since his advent on the scene two things have occurred.

Healing *versus* morphia

Not one drop of morphia or other anodyne has been taken.

The patient seems physically to be full of vitality, which she declares (fancy or fact) is entirely due to the presence of this man. The patient, I may say, is over seventy years of age. It is not a matter of faith healing, because when the man had to go away for three or four days, and she tried her best to believe the power was the same, it was no good; and the agonies were

dreadful. The moment he returned and had held her hands five minutes it disappeared.

When this man was a boy at school he cured his friends' headaches by placing his hand on the spot.

The power of healing is a fact.

It is difficult to doubt in the face of these facts, which are connected with no theories or school, or mysticisms, nor even necessarily with any beliefs, that we are in the presence of a power at present but very imperfectly understood.

I know many, some of them doctors, who seem in a minor degree to possess the same powers. In no case do they try to exercise it consciously, still less to bring others under its influence as in hypnotism, but it seems to affect others without their will. Patients after a single ordinary interview feel better in a way difficult to explain; the touch soothes and dissipates pain and so on.

Unconscious 'healers.'

It is not easy to form a theory as to the *modus operandi*. If we believe the unconscious mind presides over the well-being of the body, and allow that some individualities may more easily affect it than others, even unconsciously to themselves, we may perhaps reach a rational explanation.

At any rate, personally I do not feel that I

can deny that some people seem to possess a special power of relieving suffering, and curing minor ailments, quite apart from any belief or any training. I doubt not many of my readers will recall cases of this power that have puzzled them at some time or other.

Minor ailments constantly cured.

CHAPTER IV

THE FIRST INTERVIEW

Importance of first interview.

I THINK that the importance of the first interview between patient and doctor has not been fully estimated.

No first meeting of two personalities is trivial in its effects, and least of all when they stand in the relation of doctor and patient.

How to make it of most good.

Of course the importance may be increased or lessened by the doctor, for whom alone I write here; and my object is to consider how in the case of functional nerve-disease this first interview may be made to yield a maximum result for good.

First interview often the last.

It must be remembered that perhaps in quite half the cases a consultant or specialist sees, the first interview is also the last. At the time it is often not known whether such will be the case or not. Hence for this, besides many other reasons, it is desirable to seek always to do distinct good on this important occasion. Many doctors think that

treatment begins after the diagnosis, when they take the patient under their care. As a matter of fact it has begun long before that; in many cases with the first look.

In a sense the two personalities generally meet even long before the patient enters the consulting-room, or the doctor walks into the sick-room.

Much good or harm may be done by the preliminary correspondence. The preliminary correspondence.

We will just glance at this under a few leading heads:

1. Who writes? Generally it is the patient herself (in this book, though not in all functional nerve-cases, the patient is a female) or her friend or relation, or the doctor in charge. Indeed, it is difficult to see who else it could be.

In the two former cases all that is needed is an appointment card giving day and hour of interview. In the last case, that of the doctor writing, it is well in addition to ask for a brief outline of the case. Ask for outline of the case.

2. Is the request for a consultation or for a visit, or is it left to you to decide? If the latter, and you can see the patient in bed, you will as a rule prefer the visit, for reasons I will Visit better than consultation.

enumerate later. If no choice is given, still in certain cases, where you know the history, it may be better to ask for a visit instead of a consultation.

Clue as to personality.

Cases do occur, but they are not common, when a consultation is preferable to a visit.

3. The letter may state why you are consulted. Your books have been read; you have cured a friend; they have been advised by a patient, or by a doctor, &c.

From this point your clue as to the new personality brought before you begins.

You may learn much here to guide you; and the mysterious writer begins to assume a dim shape, unless, indeed, you are an expert at handwriting, and have already judged her character from it.

4. The letter may be with or without details of the case.

Disillusioned patients.

Both tell something. The letter wholly without details generally comes from one who has already consulted many doctors, and knows how little value, as a rule, they place upon patients' statements, so that you prepare your mind for an old and disillusioned case.

True self revealed.

Where details are given you learn much more. Between the lines the character unconsciously peeps out, and the true self often stands revealed.

You obtain, of course, also some vague idea of the disease, but you get what you prize far more eagerly; some slight glimpse of the personality and her attitude towards her disease.

In many cases, even at this stage, you insensibly arrive at some judgment as to the curability of the case. Curability of the case.

You see also if you will have to allot extra time beyond the average quarter of an hour, for the case. Of course really there are very, very few functional nerve-cases that can be adequately dealt with at a first interview in a quarter of an hour; and you will probably do far better in the long run if you make a practice of allowing not less than half an hour for every such case, with longer if needed. First interview half an hour.

5. The letter may contain queries. With the details of symptoms, and instead of a request for an interview, may come a query as to whether you would advise one at all, and if it is a case you think you could cure, &c.? This query may be an important one, for the patient may have to come specially from the North of Scotland, or the West of Ireland, or even from America or Australia, and the decision awaits your reply to this question. Important query.

If the distance be great and the case not very urgent, you probably ask for a few more particulars as to previous treatment, &c., before deciding, or suggest that the patient had best be guided by her local medical man.

Advise an interview.

In most cases, however, if you rightly understand the powers at your disposal, and know how to use them, you will advise an interview; and this, not for the supposed 'obvious' reason at all, but because you know well that, whether you can take up the case or not, you will probably be able to help her sufficiently to make it well worth her while to see you.

Or the query may be as to bringing a friend or relation. The answer to this is always 'Yes.'

Let doctor come if possible.

Or the question may be 'Should the doctor come with the patient?' If he will—of course, 'Yes.'

Or it may be, 'Will you write to the doctor?'

Here, again, you are only too pleased to get this added light on the case.

6. The letter may be to get you to treat the case by correspondence.

Personal interview first.

This you will refuse without a personal interview first. You *must* get in touch with the patient's personality, and not only have an accurate knowledge of her disease, if you are to

MAR 24 1921

cure her. You need not refuse, when the request comes from a doctor, to give advice as to a patient, or when a doctor agrees to give a medical statement of patient's case. But in both these cases you proceed with great caution, and you may do but little good.

Exceptional cases.

There are, of course, cases where you *can* touch the patient's personality through her own descriptive letter, or in the doctor's summary; and you may thus not only arrive at a diagnosis, but get an idea as to the probable line of successful treatment. These are exceptions.

One last alternative remains. There may be no correspondence at all. The patient (unknown) may call without appointment or introduction. In this case you will be careful in feeling your way.

But we must not keep the patient (whoever she is) waiting longer. Ring the bell, and have her shown in.

Shall the patient be seen alone?

Yes, but—alone, or with her friends or doctor? Here is a knotty problem, well worth a moment's thought.

If the patient has come alone the matter does not arise. If a mother or sister or friend has come, and you have no indication any way, it had better be left to the patient. If both come in, get

out a few general facts, and when you see the patient has got used to you and is not afraid, send the friend back to the waiting-room, and say you will report to her afterwards.

Yes: part of the time at any rate.

If you know the patient at all see her alone from the first, but be careful with those who are strangers and without an introduction. In every case of true functional nerve-disease make a point of seeing the patient alone during some part of the consultation. You will often be surprised what a new complexion the case takes from these few minutes: what springs are laid bare, what confidences given, what unsuspected sources of irritation revealed! You will see with pain how often a mother is entirely denied the confidence so freely given to you by her child; nay more, you will be surprised to see how often she herself is the chief irritant. So frequently is this so that you will hail with delight those exceptional cases where mother and daughter come in like two sisters, obviously everything to each other.

Mothers and daughters.

With doctor follow the usual course.

If a doctor comes, of course the usual sensible professional course is followed. You see him first, then the patient, preferably alone (which he, if sensible, will never object to), and then the doctor again, then friends and patient.

I will suppose that the case I am sketching is one where, after a brief introduction, the friend withdraws leaving you face to face for the first time with a fresh personality who seeks your help.

Grasp the importance of it; realise how much hangs on word, manner, and tone; determine to succeed, and you will acquit yourself well of the task before you.

Importance of word, manner, and tone.

What is this task?

Well, it varies much with the individual case.

In all, however, the task is to do the patient good. I suppose such a platitude is almost insulting to the medical reader's intelligence. But it really is not such a platitude as it appears, neither is it a task that is always accomplished.

Always do the patient good.

Consider for a moment, if your patience will permit, how many go away from their first consultation worse in every way than they came: their faith shattered and the chains of their functional disease more firmly riveted, and this too, in proportion to your own eminence.

Many doctors do harm.

Some have been killed at a first consultation by a truth too brusquely told; but many, many receive harm and not good, inflicted wholly unconsciously by worthy men who, alas! have never

been trained to give a thought to these 'minor matters.'

But let us leave 'platitudes' and 'generalities and come to 'trivialities.'

Make the most of virgin soil.

The patient, I will suppose, has never consulted a doctor before. This is a rare case nowadays. Make, then, the most of the virgin soil, where seeds of faith can readily grow.

Put her at her ease.

Put the patient, if you want to hear her true story in the first place, delightfully at her ease. Set her chair a little out of the square, and sit at ease yourself. Be easy in your manner, at first, at any rate; remember the fear and trepidation in which the lion's den is entered; and by your tact, the details of which vary with the individuality before you, put that individual at her ease before she has been in the room two minutes.

In nine cases out of ten she will begin with some apology. She has been so often told by kind friends that her trouble is 'nonsense' and 'all put on,' that she feels she must apologise to you for troubling you with such fancies as 'nerves.'

Use your opportunity.

Now is your opportunity. Do not pose or say what you do not believe. But if you have grasped the reality of nerve-disease, if you know the

agonies of neurasthenia, neuromimesis, and other polysyllabled diseases by which we express the simple fact of disorders of the unconscious mind, it will be no trouble for you to look your patient in the face and give her clearly to understand that no apology is needed here : that to you the disease is intensely real, and that if she will just tell her story in her own language you will listen with the deepest interest. She need not fear to be thought an impostor, for, on the contrary, you well know that she *cannot* tell, even if she try, the sufferings she has gone through ! Some such language s absolute balm to the slighted sufferer ; and, what is far more important, it is the language of enlightened medical knowledge, and is absolutely true.

Show her that you believe in her.

With such a case as I have suggested confidence is easily gained, and the patient, trusting you fully and at ease herself, will begin to tell in her own words (far more expressively than in your medical terms) the tale of her woe.

This begets confidence.

But it is seldom you have to work on such virgin soil.

The bulk of your patients have been hither and thither long before in search of relief, and only come to you at last because something they have

Most patients come to you as failures

read or heard about you has encouraged them to hope once more.

Here, then, you have to restore an oft-shattered faith, to re-kindle an oft-extinguished hope, to restore a lost confidence; and these cases are much harder. Without alluding to previous treatment or saying one word directly or indirectly on former doctors, however you may think in your superior wisdom they have dealt unwisely with the case, you will forcibly and earnestly give the patient to understand that she *must* trust you, that you wholly and implicitly believe every word she says, and therefore she must give you her fullest confidence if you are to do her any good.

Do not allude to previous treatment.

Draw out all the rankling feelings; do not let her proceed with her tale until you see all suspicion is absolutely gone. When you know and feel you have her confidence, and she is perhaps for the first time at her ease in a consulting-room, with that blessed feeling in her heart that for once she will be understood, then, and not till then, let her talk if necessary for five or ten minutes on end.

Draw out all her story.

Do not take her history as you were taught to do in hospital. You may begin with 'P.C.O.'[1] if you like, there is no harm in that. But let the patient

[1] *I.e.* patient complains of.

talk and say what she likes, guided a little by you; and by this means, and this alone, her individuality will be laid bare and you will begin to understand a little of the personality you have to deal with.

Let her talk freely.

Listen to everything. Make the patient feel that you have time and leisure, and that you take real interest in the perhaps incoherent outpouring. A judicious question very occasionally may check too exuberant outbursts. Still, when she has done, ask for more.

Show no surprise whatever at anything. If you are calmly told, as I have been, that the liver stopped twice last week, or that both lungs are 'gone,' or she has had no sleep for weeks, or taken no food for days, show no surprise but only an intelligent interest. Remember also that though much may be unexpectedly revealed, much is at first, often intentionally, concealed.

Show no surprise at anything.

Until you have got the patient's complete confidence much stress will be laid by her on neuralgias and palpitations; but when you have got it, the real source of her woes is revealed in a suspected fibroid, a displacement, or other local trouble, which perhaps has never been mentioned in previous and more formal interviews at all. I have found this so again and again.

The real trouble is not revealed at first.

Or it may be some mental fear that is oppressing your patient, such as losing her reason from brain-failure, or her life from heart-failure; or there may be vague dread of impending dissolution.

Do not check the current, but direct it until you are sure all is poured forth that is really *on* the patient's mind.

You learn both from words and silence.

By this time you have learnt much both from the patient's words and from her silence. What she has said rapidly, edited by you, gives a picture of her disease. What she has not said gives you a description of herself. From the former you learn what she suffers from, from the latter how far she is readily curable.

In nerve disorders patient is more than the disease.

Bear in mind the truth of this dictum. In most diseases the important point for prognosis is the character and severity of the disease, but in functional nerve-disease, on the contrary, the important point is the character and condition of the patient. A severe functional nerve-disease can soon be cured where there is a sound personality; whereas a slight one will often prove intractable when the personality (the unconscious mind) is unsound.

It is often remarked that with these cases you

require much patience. May I observe that this is a doubtful saying? If you feel you require patience, you too often show it and put on a patient face. This is fatal, and shows at once you have not put yourself in your patient's place. (No pun or rhyme is intended.)

Avoid a patient face.

It is this, and not trying to be patient, that cures impatience.

I think every nerve doctor should read Charles Reade's 'Put Yourself in his Place,' which contains, running through a long story of the Sheffield knife-grinders, a thread of pure gold in the old doctor who always took time to put himself in his patient's place before treating him.

Do so now; and as your patient sits there, try to see things with her eyes; enter into her sufferings with her feelings, put yourself in her place, and you not only will not, but you cannot, feel impatient. In one who knows the awful and often hopeless reality of nerve sufferings, profound sympathy and not impatience is the predominant feeling.

Put yourself in her place.

When the patient's narrative is ended (it may of course take only two minutes), your turn comes and you proceed, first of all with your questions, and then with your examination.

Be very careful in your questions.

Avoid bad suggestions.

It may surprise some of my readers to hear that on the way you now act may depend to no small extent the success of your treatment. First as to questions. Be on your guard here. Suggest nothing you can possibly help. Do not impress on the patient by your manner or emphasis those points that are most important to you; on the contrary, treat these the most casually. Do not forget that before now questions as to headaches have produced some that have lasted for years; so with lightning pains, palpitations, dysphagia, incontinence, and fifty other symptoms; therefore be most careful not to suggest symptoms as probable or customary that the patient has not observed.

We must remember as we discuss this case that it does not come to us labelled authoritatively 'functional nerve-disease.' This is the point we have to discover, and above all whether there is or is not associated with it as cause or effect some form of organic disease. Our questions and examination therefore, directed to this point, cover a wide range.

Ask important questions casually.

If such questions as I have spoken of concerning difficulties of speech, swollen feet or puffy eyelids, hard lumps or sores, disorders of parts, night sweats, &c., must be put, let them be asked quite casually.

Sooner or later you must reach heredity. Here, nearly always, the patient understands the bearing of the question. Still, if you treat it lightly (but carefully) you will help to allay the patient's fears. Be careful on heredity.

You may be sure the importance of heredity is understood by the laity. My own opinion is that in the present day its force is generally exaggerated, at least among intelligent people. You might point this out if the patient be unduly nervous on the point.

There is no reason of course why your questions should be as desultory as the patient's statements. On the contrary, they should take each system in regular order.

Your questions will probably probe to the bottom the subject of the predisposing and exciting causes of the disease. Do your best to find out a definite external cause for it, either physical or mental. Your hopes of cure really depend on this. Questions should be methodical.

Where the cause is external, either mental or physical, the treatment is definite and easier; where it is internal, it is indefinite and harder.

Do not hesitate to touch on love and religion as likely causes, for functional nerve-disease often begins through the emotions. Love and religion are likely causes.

By this time, and before you commence your

physical examination, you will have got an opportunity for exercising your highest skill.

The highest skill of the physician.

'The highest skill of the physician,' says Dr. Brudenell Carter,[1] 'is to see the personality of the sick man through the malady, and to recognise that he is called upon to *treat a patient*, not to *cure a disease*.'

If you are quick you will now have gathered enough to see the mental background of your patient—*i.e.* the point of view from which she sees her ailments—and standing by her side you will be able to make her feel that you do see things from her standpoint, *which is an essential preliminary* to bringing her round to your point of view.

Descend to her level at first.

If you would raise anyone to your level you must first of all take your place by their side on *their* level.

All that I have laboriously described may well be accomplished in ten minutes or less in a simple case; and yet see how much you have already done. Your patient trusts you and is prepared to obey you. She has told you all her heart, all her fears, and the real hidden root of her troubles; never perhaps told to mortal ear before.

The relief of a confessional.

Already she feels much better, for there can be

[1] Dr. Brudenell Carter, *Doctors and their Work*, p. 222.

no doubt of the relief afforded by a confessional; and a good nerve-doctor holds one every day, though he cannot pronounce absolution.

Medical confession is without absolution.

I believe that many go mad, more relapse into melancholia, and multitudes get confirmed in evil of all sorts, for want of an outlet to their hidden thoughts and troubles. The weight of a secret trouble, fear, or sorrow is half gone when it can be quietly told into the sympathetic ear of a wise and skilful man. No doubt in matters purely spiritual this would be best found in a clergyman, not as in a sister Church for the purpose of granting absolution, but rather for the purpose of giving wise counsel and advice. But in all other matters, and especially in any that affect the health of mind or body, I know no one to equal a wise and skilled physician.

I am convinced by long experience that a man who did nothing else but listen with interest and kindness to the troubles of broken hearts would thereby do much good and relieve much suffering.

I need hardly say in our management of this nerve case we do not propose to stop at this, but to seek to remove all the effects the shock or trouble has produced.

While upon this subject of the lay confessional,

Women often do not like lady doctors.

I may say it would seem ideal if women could pour their troubles into the ears of lady doctors, and men into the ears of men ; and no doubt to some extent this is the practice. But I regret to say I have found very commonly amongst women a great dislike to go to their own sex when in any trouble of nerves or mind. They complain much of a lack of sympathy and interest. My own feeling is that a true physician is more of a woman than is an ordinary man ; while a lady doctor is more masculine in thought and manner than an ordinary woman. I would not go so far as to say that medical study unsexes a woman, but it certainly alters her feminine characteristics and especially towards her own sex. I think this is a great pity, and perhaps it will be remedied. But we must get on with our confession, which I need hardly say is absolutely inviolate ; and especially I may add from members of the patient's own family, or if it be a servant, from her mistress. The ethics of the profession, however, on these heads are so well known as to need no repetition here.

Lady doctors do not sympathise with women.

All confession inviolate.

Confidence established by your manner.

When all is laid bare, give your patient every assurance she needs of your silence, and thank her for her confidence, which will be of great use to you in its treatment.

If you have acted so far wisely and well, by now your patient will feel she has come to the right doctor, and you will feel that whether you can relieve her or not, at any rate you understand her.

Mental effect of physical examination.

Now comes the physical examination. Consider here, as you proceed with it in order, its effect on the patient, besides the information it gives you. In this new light, which has perhaps never struck you before, your procedure will be altered.

When it is a mere question of arriving at the diagnosis, your *tactus eruditus* and quick methods will soon give you the answer; but when you have ever the patient's mind before you, and you are all the time putting yourself in her place, you will act very differently.

Let the examination be elaborate.

I could give case after case where confidence has been destroyed and the disease confirmed by the cursory nature of the examination; no doubt quite sufficient for the skilled physician, but not for the mind of the patient.

Remember the two objects of this examination.

Find some physical defect.

First, to find some physical basis for the functional nerve-trouble, which is a matter on which much hangs; for where such a basis can be found it makes the cure, as we shall see, so much easier. Secondly, to increase the patient's

trust and hope by making her see that you believe her statements and that you are thorough in your work. Remember many a thorough man does not appear thorough, and do not be above appearing to be what you are.

Look first at what patient complains of.

You will, therefore, first proceed to those parts of which the patient has made most in her statement, and if she thinks something is wrong do not be too ready to declare 'there is nothing there.' Very likely there is not organically, but how can you tell about it functionally till you have seen its function?

Pass lightly over the heart.

Do not ever linger long over the heart. A prolonged fumbling here gives rise to all sorts of fears. Pass over the serious points, then, lightly, but not too lightly.

The question of local examination is an important one, and especially that of internal examination.

Do not shirk local examination if indicated.

Busy doctors not only like to save themselves trouble, but there is a natural and right shrinking from putting a patient through any unpleasant ordeal.

Nevertheless, if the questions (which must always be asked) give grounds for suspicion that here may lie some cause of the malady, there

must be no hesitation; but firmly and naturally and as a matter of course the truth must be arrived at, with as much consideration for the feelings of the patient as is possible.

When a good understanding is established, the common-sense of the patient comes to the rescue, and there is no difficulty.

Friend present, if patient is unknown.

If you do not know the patient at all, it may be wise at this juncture to have her friend in the room, which should always be furnished with a screen; if you do, you may consult the patient's wish in the matter, and you will generally find she prefers to be alone.

Remember that the word 'hysteria,' though so ridiculously abused and used for either sex, has nevertheless a dim foundation in fact that you will neglect at your peril. I may mention here that Dr. H. A. McCallum, of Canada,[1] has recently called attention to what he calls visceroptosis, or a dropping of the viscera—a condition which he says occurs in 90 per cent. of neurasthenic women.

Viscero-ptosis in neura-sthenia.

He says it 'is a condition combined with chronic invalidism. These cases usually seek relief from gastric, nervous, or uterine symptoms. . . . The displacement downwards is without

[1] See *Brit. Med. Journal*, February 18, 1905.

symptoms so long as the patient is in good physical condition—in other words, the disease comes to our notice in association with neurasthenia, and no mechanical replacement of the prolapsed organ can cure the neurasthenia. On the contrary, a cure of the neurasthenia goes far to make a symptomatic cure of the visceroptosis.' This is another reason for inquiries and examination locally as to the condition of kidneys, stomach, and uterus specially.

Local examination gives confidence.

If one may intrude the personal note here, it is to record gratefully how many patients I have known who owe their recovery to thus ascertaining the facts by an examination that has sometimes been entirely omitted by previous men, no doubt from very right and honourable, but entirely mistaken, feelings.

To be just, I should record the loss of a fair young life, ostensibly suffering from a nervous breakdown alone, but in reality with a pelvis full of pus, though without pain or temperature ; which might have been diagnosed by rectal examination.

Always inspect abdomen, at least.

The omission in this case, however, could not be avoided, as there was nothing to call attention to its necessity in any way ; and though I press local examination in every case where there is the

slightest indication of its need, I by no means advocate it as a matter of mere routine with every patient, which would be absurd. I recall another case of neurasthenia, when some slight abdominal symptom caused the part to be looked at and revealed a large ovarian cyst, quite unsuspected by its owner.

Always weigh the patient.

Never neglect to weigh your patient and find out how much she is below the standard, and impress her strongly with the fact. Remember that, associated with functional nerve-disease, we get most frequently malnutrition, next disorder of liver and bowels, next of stomach, next of heart, and next of uterus. Deficiency of weight is practically most valuable to the doctor, for it often forms the only physical point on which he can rest his diagnosis.

Some important tests.

I do not go into the details of the physical examination, but it is well to include the knee-jerk and (if wanted) Babinski's sign of extended instead of flexed big toe on tickling the sole of foot, a test of co-ordination; of vertigo, by standing with eyes closed and feet close together; of reaction to light, of spinal tenderness, of muscular energy, by dynamometer; of nervous hands, by extending hand with fingers wide apart.

If the thumb be dropped and not on a level with fingers, it shows debility; and if the wrists be flexed and fingers extended, instead of the whole forming a straight line, it is a sign of neurasthenia, as is also tremor of the fingers.

Speak with authority.

Whatever is done should be ordered with decision and authority, for now that the confidence is gained the easy manner may be replaced by more gravity and firmness. At first this would only repel, but when confidence is established it increases the respect and trust.

The examination finished, the moment arrives when the physician has to open his mouth and speak those words on which the future happiness of his patient probably depends. He has to give his diagnosis, prognosis, and an outline of the treatment proposed.

Sketch of a first visit.

We will, however, give him here what he seldom gets in actual life—a little breathing time to make up his mind, while we consider the first interview as it would take place if it consisted of a visit rather than a consultation.

In the case we will now consider, for some reason or another a visit is preferred to a consultation, and you are in the drawing-room anxiously

waiting to go upstairs, but meanwhile learning not a little, by glancing round the room, as to the patient's standing, tastes, and habits. You are then probably interviewed by the mother, or husband, or daughter, or friend, from whom, if you master your impatience, you may learn much. Of course it is possible your patient herself may enter the room when the door opens, even if she has to go to bed afterwards for your examination.

You may learn a good deal while waiting.

Study, then, first of all the environment, and learn from it all you can of the patient.

Study the environment.

I was much impressed the other day with the wisdom of a father in this matter. He could easily have brought the patient, who was not very ill, to London; but instead, he asked me to travel nearly two hundred miles to see her, at considerable expense to himself, for he said, 'I feel sure in this case you cannot rightly judge her from an interview in your consulting-room. Come and stay a night, and make your own observations.' It so happened in this case that it made all the difference, and the ætiology and diagnosis of the ailment were truly made out, which they could not have been in London, and a cure was effected.

Visit much better than consultation.

With regard to the patient let me quote here, in support of what I said in the case of a consultation,

Dr. Goodhart on forming an opinion.

some wise words of Dr. Goodhart's[1]: 'Before forming an opinion you have to throw yourself into the position of life of the patient as far as possible, to realise yourself his hopes and fears, his troubles here and his ties there, and numberless things that have . . . everything to do with the treatment, and with your power to give the best advice that the circumstances of the case admit of.'

It is obvious how much easier it is to do this when you see the patient's home and surroundings than in a strange consulting-room.

Dr. Collins on knowledge of patient.

Dr. Collins says[2]: 'One must take into consideration the patient's temperament, his manner of life, his social scale, his personal and family history, his special beliefs, his likes and dislikes Each physician will have to judge for himself how far he is willing to come down to the beliefs and principles of his patient.'

All this brings me again to what I have already touched upon, and that is the absolute necessity of understanding the patient's point of view if you are to reach her with your advice or treatment.

By 'point of view' I mean what is called her

[1] Dr. Goodhart, *Lancet*, October 30, 1897.

[2] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 140.

mental background. The mental background is the unconscious standpoint that your patient occupies, and with which, as far as possible, your remarks and attitude should harmonise, at any rate until you are able by degrees to change it. The permanence of the cure of a nerve case often depends upon the extent to which you are able to change her outlook on life. And to do this you must first know it, and the figures and the language and the arguments you use must fit in to some extent with the scenery of her thoughts—with the psychical plane on which she moves.

The mental background.

A mobile background to thought is a sign of mental health, and consists of mental scenery that can be readily shifted at will to suit the figures (thoughts) that have to move on the stage before it; as, for example, a religious background at church, a political one in the House, a medical one at a bedside. Without these appropriate settings the actions and words that are seen and heard seem uncongenial and bizarre. This we can all understand with regard to ourselves; the point is to grasp it when with a patient. To regale with some light story a religious enthusiast, to bore with small medical details a patient wrapped up in music, to quote Browning or Ruskin to a fox-

Various sorts of backgrounds.

Thoughts must accord with the background.

hunting squire, or talk horses to a city curate may serve as illustrations of introducing ideas before incongruous backgrounds.

Fixed backgrounds are the worst.

I have said that mobile backgrounds speak of health; in the same way unstable backgrounds, that are ever shifting without the patient's will, tell of nerve weakness; and fixed backgrounds that never alter go with insanity. The mental background is simply the condition at the time of the unconscious mind; and knowledge of it is a great help to a doctor.

You make no way until the background is known.

I find personally that it sometimes takes days to discover the background of a patient's thoughts, but it is so important a factor that one never feels one has begun to touch the case mentally until it is ascertained; and when it is, a mutual understanding is established that is a great help.

Until what I have called the mental background of the patient is manifest, the doctor talks to her mostly at cross-purposes; and however good what he says may be in itself, it fails of its purpose, because it is out of harmony with the patient's line of thought.

Visits often reveal the background.

It is perhaps in this direction that the superior value of a visit as compared with a consultation lies.

Remember all through the visit to do no harm. You can never remove first impressions. The moment that the eye of the patient meets the eye of the physician psychological action influencing the course of the disease at once takes place through the patient's unconscious mind. The depression caused by a doctor's bad manner, gloomy looks, and foolish words, may indeed be combated instinctively by the patient's mind, but will still have a bad effect *malgré lui*, on his body through his unconscious mind. You have an opportunity in a first consultation or visit that, if you miss, will never occur again. It is in that interview, as a rule, that a patient's confidence is gained or lost.

Be careful to do no harm.

First visit gives unique opportunity.

Let me close this chapter with two quotations, one in prose and one in verse, bearing on the doctor's visit. The first shall be anonymous [1]:

'The thought comes to me sometimes when I am going round from one sick person to another—What good am I doing for all these unfortunate people? Some, I may feel sure, are or will be the better for my visit and advice; some, doubtless, would have got on fairly well without either; I trust that none are the worse for them, though

What is the good of the doctor's visit?

[1] *Brit. Med. Journal.*

that is, I fear, possible. At any rate, it is possible that I might have done them more good than I have done by my visit. The thought suggests the question—What is the good, what is the value to the patient of the doctor's visit? Some would say that its value varies from sixpence to two or more guineas, according to the depth of the patient's pocket. That is one sort of value. There is another sort which I am anxious to learn how to estimate; to do so we must, I think, consider the matter from more than one side, for there is something more than diagnosing the disease, and prescribing the remedy, for which we visit our patients. There is not only the practical, material advice which we give, that which is based upon sensible, reasonable, reasoning knowledge and experience; that is one thing, and the most important thing. But there is the imponderable, insensible, more or less unconscious influence which we may exercise on him, which is another. The value to the patient of the doctor's visit depends on the influence as well as on the advice. A person who is ill is ill at ease, his outlook on the world is altered, his psychological condition is modified by his illness, his mind seldom works smoothly, he finds it difficult to be at rest. The visit of the

doctor should tend to put him into a condition of rest. By rest I do not mean doing nothing, torpidity of mind and body, the condition which is allied to that kind of rest which all come to when functions cease. The rest I speak of is living, life-giving. It has been called "easy working," which is perhaps the best definition. Harmonious action of all the vital functions is another. To produce it, energy is required, the energy of control, and it is this controlling energy which the visit of the doctor helps to develop in the patient.'

Life-giving rest.

The second is by Dr. Oliver Wendell Holmes, and contains much wisdom :—

How the visit should be made.

The morning's visit—not till sickness falls
In the charmed circles of your own safe walls;
Till fever's throb and pain's relentless rack
Stretch you all helpless on your aching back;
Not till you play the patient in your turn,
The morning visit's mystery shall you learn.

'Tis a small matter in your neighbour's case,
To charge your fee for showing him your face;
You skip upstairs, inquire, inspect, and touch,
Prescribe, take leave, and off to twenty such.
But when at length, by fate's transferred decree,
The visitor becomes the visitee,
Oh, then, indeed, it pulls another string;
Your ox is gored, and that's a different thing!

Of all the ills that suffering man endures,
The largest fraction liberal Nature cures;

Of those remaining, 'tis the smallest part
Yields to the efforts of judicious Art;
But simple *Kindness*, kneeling by the bed
To shift the pillow for the sick man's head,
Give the fresh draught to cool the lips that burn,
Fan the hot brow, the weary frame to turn—
Kindness, untutored by our grave M.D.s.
But Nature's graduate, when she schools to please,
Wins back more sufferers with her voice and smile
Than all the trumpery in the druggist's pile.

With kindness, quickness, and cheerfulness.

Once more, be *quiet*: coming up the stair,
Don't be a plantigrade, a human bear,
But, stealing softly on the silent toe,
Reach the sick chamber ere you're heard below.
Whatever changes there may greet your eyes,
Let not your looks proclaim the least surprise;
It's not your business by your face to show
All that your patient does not want to know;
Nay, use your optics with considerate care,
And don't abuse your privilege to stare;
But if your eyes may probe him overmuch,
Beware still further how you rudely touch;
Don't clutch his carpus in your icy fist,
But warm your fingers ere you take the wrist;
If the poor victim needs must be percussed,
Don't make an anvil of his aching bust;
(Doctors exist within a hundred miles
Who thump a thorax as they'd hammer piles;)
If you must listen to his doubtful chest,
Catch the essentials, and ignore the rest.
Spare him: the sufferer wants of you and Art
A track to steer by, not a finished chart.
So of your questions: don't, in mercy, try
To pump your patient absolutely dry;
He's not a mollusc squirming in a dish,
You're not Agassiz, and he's not a fish.

And last, not least, in each perplexing case,
Learn the sweet magic of a *cheerful face*;
Not always smiling, but at least serene,
When grief and anguish cloud the anxious scene.
Each look, each movement, every word and tone,
Should tell your patient you are all his own;
Not the mere artist, purchased to attend,
But the warm, ready, self-forgetting friend,
Whose genial visit in itself combines
The best of cordials, tonics, anodynes.

So far, then, we have carried the interview to the end of the examination. In the next chapter we will consider the diagnosis.

CHAPTER V

THE DIAGNOSIS

Diagnosis most important to doctor.

THE relative positions of patient and doctor with regard to diagnosis are quite different. The latter has up to this been searching for the causes and symptoms of the disease with a view of finding out what the patient is really affected with, on which to found his diagnosis. The patient cares little what she is affected with. Diagnosis to her means mainly whether she is curable or no; with perhaps a sneaking desire to be cleared from a charge of 'nerves,' which somehow she feels has damaged her reputation. If after this you can further inform her how long 'the cure' (as she persists in calling it) will take, and how much it will cost, she departs satisfied.

Other matters interest patient more.

With regard to diagnosis generally, do not wait to arrive at it until you have squared every symptom with it. Dr. Billings justly observes: 'The report of a case in which no residual

unexplained phenomena appear is usually suspicious.' In the next place beware of the danger of your own mental bias in seeing functional nerve-disease in everything.

Beware of mental bias.

Remember you are probably doubly prone to this: first from seeing so many cases of this class; and, secondly, from laying (and rightly so) great stress upon the nervous factor in disease.

Your questions, therefore, thus far, and your examination will have been steadily directed towards finding a physical basis of some sort for the nerve disorder, on which you can build up your diagnosis.

You will not hastily dismiss your patient's complaint of pain and derangement of heart, stomach, liver, bowels, &c., as all due to nerve causes, but will be quite sure that you allow no physical lesion, which may exist as well, to escape you. Remember how frequently the two go together, and how often a nervous exaggeration is superimposed on quite a respectable physical basis. Indeed, one may say with regard to neuromimesis, in nearly every case, the mimicry is the result of some previous organic lesion that has left its shadow behind it.

Let no physical lesion escape you.

Nervous and organic disease often mixed.

Hysterical aphonia follows laryngitis; hysterical

dysphagia, pharyngitis; hysterical paralysis, temporary loss of movement of the parts, and so on.

You will also look out for physical lesions or functional derangement of other systems than the nervous for another reason.

Private and public diagnosis.

Your own private diagnosis in an overwhelming majority of cases, however many physical ailments may be complained of, will be 'functional nervous disorder.' You may see yourself that it is the cause, and all the physical troubles are the effect—but you will not, as a rule, say so.

The vicious circle.

You will probably put it the other way about, and remember, in vicious circles, it is an open question which is cause and which is effect. Dyspepsia causes 'nerves,' and 'nerves' cause dyspepsia, and so each acts on the other, and which is cause and which effect is not always easy to say.

Remember that your diagnosis is not in these cases so much a question of skill, as it is of tact.

So long as you know it, and can confide it to the doctor or the patient's friends (with caution), your duty is to present that side of it to the patient that will most conduce to her cure.

Cause and effect.

If she be a patient with a horror of nerves, and a feeling of disgrace if they are mentioned (as you will often find), you will strongly emphasise the physical side and treat *it* rather as the cause, and if any 'nerves' are complained of, these as the effect. If, on the other hand, the patient rather fancies having 'nerves' and is fearful of physical ailments, you can emphasise the former and treat the latter as mere effects, which will soon disappear when the other gets right. In neither case are you wrong, for it is certain that when either goes the other will disappear also.

Go with patient's views to bring her to yours.

To put it scientifically and broadly, it is your wisdom and practice at this stage of your relationship with your patient to go as far as possible with her views, in order that when confidence is completely established you may bring her round to yours. A violent onslaught on her prejudices at this period is nearly sure to defeat its object, and fail to bring her to reason; whereas later on it may be quite successful.

Relation of gout and neurasthenia.

A very good illustration of this, and one that we may consider here, is gout and neurasthenia — which somehow are constantly connected.

There must be some reason why I see so many nerve patients who have been told they have 'suppressed gout.'

Indeed, I think we get here a very good illustration of the vicious circle—neurasthenia, dyspepsia, uric acid, neurasthenia, form a complete circle, and which is cause and which effect would puzzle anyone.

Neurasthenia doubtless weakens digestion, and bad digestion produces uric acid (which is suppressed gout), and uric acid in the blood deranges the nerves.

Diagnosis of suppressed gout may be correct.

Of course, in this light a diagnosis of suppressed gout is as good as that of neurasthenia; but, as we shall see when we come to treatment, however we may confuse cause and effect in the diagnosis, we must never do so in treatment; but always, whenever possible, treat the nervous element as the fundamental cause.

Never treat as suppressed gout.

I may illustrate this by two cases I have recently treated. Both were diagnosed as 'suppressed gout,' and not only so, were treated for it, leaving the neurasthenia alone. Diets were ordered, all sorts of food cut off, and in two years the patients no doubt were free from uric

acid, but were nervous wrecks from starvation and weakness. Still, the 'gout' was gone.

Now it would have mattered little whether the diagnosis was 'suppressed gout' or neurasthenia, so long as the treatment was directed to the latter, but unfortunately it was not—hence the failure.

Giving in to weakness or removing it.

If uric acid is formed, there are two ways of removing it; the one which was adopted here, and is very common practice, is to eliminate uric acid from the diet. The other is so to build up the system, and especially to strengthen the digestive organs, as to be able to take any ordinary food without producing uric acid at all.

This is by far the better way, because in it the person and not merely the disease is treated; and the neurasthenia, which was probably the worst evil, is cured.

The 'gout' is really a symptom.

No doubt it requires some courage to follow a previous diagnosis of 'suppressed gout' with one of 'neurasthenia,' and explain that the 'gout' is merely a symptom that will disappear; but whether this is done or no, there is no doubt that treatment must be directed to the true underlying cause, which in all nervous cases is—the nerves.

No real cure by dieting alone.

These two cases of which I have spoken shuddered when they saw the uric-acid-laden foods they had to eat; but as at the same time the organ was strengthened physically, and also mentally through the unconscious mind, they managed to digest all, and soon got beyond the formation of uric acid at all, with strong physiques, and neurasthenia gone.

Tact in diagnosis.

This tact of which I have spoken is a great matter and never more so than in diagnosis. It is more than mere manner, and though in one sense it cannot be taught, in another it should be; or at any rate its enormous value insisted on. It is cruel to see how a clever man is handicapped for lack of it; and I say again, as I have often said before, that it is an injustice that a man should spend 1,000*l.* to equip himself for a profession, and yet he should not be taught a subject which is of such importance to himself and his patients.

Experientia docet.

I am constantly seeing the bad results of failure in tact, not only in others but in myself; and I think one learns the importance of a thing by personal experience more than by anything else.

I do not mean by this you should reduce your diagnosis to a platitude for fear of offence. Sir

William Gull is reported to have done this with great *éclat* when an anxious patient, who had been to many physicians, came at last to him for advice. 'The fact is,' said Sir William, 'you are a healthy man out of health.' 'Why in the world could not the other doctors tell me so?' said the delighted patient, profoundly struck with the wisdom of the diagnosis! And yet I cannot quite agree with Dr. Brudenell Carter when he strongly condemns what he calls question-begging epithets and phrases such as 'impurity of blood,' 'catching cold,' &c.

No mere platitudes as diagnosis.

'Catching cold' may not clearly express the ætiology of the complaint, but it is as accurate as 'the sun rises.'

Common phrases may be used.

Enforcing as I do the frequent desirability in making symptoms in nerve disease pose as causes, I think you must not be hampered by any such doubtful and perplexing ethics; but while you rise above these platitudes it is not in the least necessary or helpful to the patient that you should aim at pathological accuracy, as if you were trying to pass your M.R.C.P. The great point is to convey a clear and helpful idea of the disease to the patient's mind.

Be clear and simple.

While giving therefore a clear diagnosis based on the physical ailments observed and regarded as

Never give shocks in diagnosis.

'cause,' you will never become a sudden alarmist, as so many of my clever friends are. Remember in all this I am speaking of the management of a functional nerve-case and not of all disease. In some cases it is wise and necessary to pursue a bolder course; it is rarely advisable in these.

Diagnosis may be death-warrant.

A nervous friend of mine well-nigh received his death-warrant the other day from a distinguished doctor suddenly telling him that he had 'degeneration of the heart'; others have actually died from such tactless diagnosis. In this case, too, the treatment was unfortunately confined to 'not cycling and not eating salad' (to neither of which vices my friend was particularly addicted), thereby adding supposed insult to injury!

Evil of curt and dry diagnosis.

Neither should a diagnosis in an anxious case be curt and dry. It was my lot to take a very anxious parent, who had brought his son and heir 400 miles to town to see a great specialist, and a very clever man. He gave his diagnosis in two words—and no more would he say. Treatment, as is so common with very busy hospital men, did not seem to interest him very much. The anxious parent would cheerfully have given a 10*l.* note for

one encouraging word or a prognosis of any sort, but nothing was forthcoming.

I feel quite sure that a man so distinguished has really great cause of complaint that he was never taught the value of manner and tact, which would not only so greatly add to his success, but also help his patients.

If any point in the diagnosis that is painful must be explained, let it be to doctor or friends.

Explain painful points to doctor or friend.

While I advocate simplicity, it is well to avoid a too commonplace diagnosis that only irritates, such as 'neurasthenia' or 'hysteria.'

Whatever is said should be said with decision and authority, not exactly *ex cathedrâ*, but still as beyond argument. The patient comes for an opinion and you give it, and with certainty.

I have given a warning against any hasty assumption that there is nothing but nervous debility; but, on the other hand, even an expert is at times surprised to see that, just as 'all roads lead to Rome,' so all functional ailments point to 'nerves.' Dr. Goodhart says[1]: 'I do hope that I am not running away with an idea; but if not, the great proportion of people that come before me are suffering, not from disease of this organ or

Functional ailments mostly nerves.

[1] Dr. Goodhart *Brit. Med. Journal*, October 30, 1897.

that, of the digestive or circulatory systems, but from defective driving power in their nerve-centres. These nerve-cells and nerve-centres want stoking to enable them to distribute their energy better.

Work kills as well as worry.

A most intelligent man maintained to me that brain work has no influence on the body. This is only another way of stating the old absurdity that "it is worry not work that kills." . . . Continuous work of any kind—overwork—will kill or produce functional and organic disease of one kind or another. One man may come to you always tired, another with a palpitating or a dilated heart, another with indigestion, another with some other organ at fault, because the central nervous system . . . has played itself out.'

All fatigue is nervous.

Mosso, Kraepelin, McDougall and others maintain [1] 'that fatigue is general. All the magazines of energy can be drained by the exaggeration of any activity of the organism . . . there exists only one kind of fatigue, namely, nervous fatigue; this is the preponderating phenomenon, and muscular fatigue also is at bottom an exhaustion of the nervous system.'

Your diagnosis, however, will not be nervous exhaustion producing dyspepsia and malnutrition,

[1] See *Brit. Med. Journal* (editorial), April 30, 1904.

but rather malnutrition and dyspepsia producing nervous exhaustion; and there can be no doubt that one is as much justified as the other, for both are true. Above all beware of treating the case too lightly and making too light a diagnosis.

Do not treat case lightly

In many cases this is fatal. The patient *knows* she is much worse than you say; she sees you have quite failed to understand her case, and she leaves you uncured and hopeless. I have lost myself more than one promising case by falling into this mistake, and I daresay most of my readers have too.

I do not know indeed whether, of the two mistakes, to make too light of a case is not in many instances worse than that of making it too bad. Always speak with gravity and earnestness, sympathy, and with great decision.

Speak with gravity and decision.

I will conclude this chapter with Sir Richard Quain's closing words in his essay on Diagnosis: 'In conclusion it must be remembered that these investigations, which call for the exercise of the highest mental faculties, should be conducted without prejudice and without haste. We should never be ready to accept as clear that which is obscure, as established that which is open to

Sir R. Quain's essay on diagnosis.

question; above all we should remember that, though to err is human, it is our duty to endeavour to ascertain in every case, before commencing its treatment, what its real nature is, as far as it may be possible for us to do so.'

CHAPTER VI

THE PROGNOSIS

Importance of the prognosis.

So far the oracle (which you truly are to the patient) has delivered but half its message. The words of fate as to the present condition have been spoken, but the future—the curability or not of the disease, the time needed, the lighting or extinguishing of the torch of hope; all this and much more is wrapped up in that momentous word —prognosis.

Giving the prognosis of a case requires, I think, more experience and practice than arriving at the diagnosis or tracing out the ætiology.

Its difficulty

You must have in your own mind the picture of the whole probable causes of the disease to give you such certainty as to make you worth listening to. 'Themistocles,'[1] we are told, 'had the power without previous information or afterthought, with the briefest consideration of the problem in hand,

[1] Thucydides, i. 138.

to form a picture in his mind of what it really implied and of its solution.' 'The all-accomplished physician,' says Trophilus, 'is he who is able to distinguish between what can and what cannot be done.'

A great physician is a great artist. *Arzt*, Becker derives from the Low Latin *artista*.

Perhaps these facts will help you; it may be they will not, but still help is needed.

Your diagnosis has already done much good or evil, your prognosis will do more.

Prognosis is prophecy.

Prognosis is, of course, prophecy, and of this the medical man is rightly chary.

You will get perfectly well!

Those cases are the most delightful where the cause of the nerve affection is so clear and so removable that the prognosis can even precede the uttered diagnosis; when, as soon as your physical examination is complete, you resume your seat and, looking your patient in the face, you say those delightful words in a tone of quiet assurance, 'You will get perfectly well.' These, however, form only a small proportion of the whole, so a few general maxims may be helpful.

General maxims.

Do not be too sanguine and never express yourself quite as sanguinely as you feel. You can nearly always pronounce at once definite improve-

ment—not often perfect cure, still less often its absolute permanence. These all depend upon so many factors that you are well advised not to open your mouth offhand too widely.

Do not commit yourself to a time.

The element of time also comes in, and here again pitfalls abound.

The unhappy man who rashly commits himself to a month, and at the end of that time finds no improvement, is in a parlous position.

Provisional prognosis is the safest.

Practically, as the result of long experience and many mishaps in prognosis in functional nerve-disease, which is after all much more tricky than most diseases, I find that the safest and most satisfactory prognosis is a provisional one, couched somewhat after this fashion :

Postpone it for a fortnight.

'I think she will get well, and there is no doubt the condition can be much improved. The best plan is to put her under treatment for a fortnight, which will certainly do her good. At the end of that time I shall be able to tell you if she can be perfectly cured, and how long it is likely to take.'

You can find out all in a fortnight

You see time is needed in so many ways. You must find out how she responds to treatment, whether she has any peculiarities or idiosyncrasies that militate against it; whether some further

deep-seated cause comes to view that may have escaped you at the first interview.

So it is better every way never to commit yourself absolutely offhand save with that small minority where it is perfectly plain sailing.

So far I have spoken of the more favourable class of cases, where cure is possible and probable.

More difficult cases.

You will often find, however, that what comes to you as functional has a grave suspicion or positive evidence of being organic nerve-disease. Here, while rightly giving as cheerful diagnosis as possible, and promising some relief to the patient, to the friends and doctor you must be perfectly clear, if it is clear; and if not, absolutely refuse any definite prognosis till the doubtful organic point on which all turns is cleared up.

A case of personal experience.

It is difficult to write this book without continually bringing in personal experience, but as it is for the profession this must not matter. I remember being called a great distance to see a case of supposed functional nerve-disease who wished to come to town for treatment, with the view of speedy recovery. I met three medical men at the case, which was deceptive, and its organic nature only revealed by Babinski's sign. I cheered up the patient, and said I would get him to walk a little

Value of Babinski's sign.

better, but could not take him to town; but to the wife and doctors had to give my opinion that he had a very short course to run, and could not be moved at all. He died in six weeks.

I mention this, not to show my skill, for in many cases one is just as far out, but to show the caution needed not to overlook organic disease; and also because the grateful thanks of the wife for telling her the truth are still so fresh in my memory.

You must tell friends the full prognosis.

Remember that friends will never forgive you if you do not tell *them*, or the medical man at any rate, the full prognosis.

The accuracy of the prognosis, it need hardly be said, entirely depends on the accuracy of the diagnosis; and disease is so much talked about in the lay press, and by the public, that the patient will often have a rough idea of the prognosis from the diagnosis. But the fulfilment of the prognosis (and therefore its accuracy) depends on quite another matter as well, and that is the treatment.

Prognosis depends on treatment

A question of great delicacy.

It is well in these nerve cases to make it abundantly clear that the prognosis mainly rests, not on the diagnosis, but on the treatment; and here comes in a question of great delicacy, when the patient is brought by another medical man.

Specialists and consultants.

It hinges, of course, on the essential distinction between a specialist and a consultant. The latter, I take it, when acting in his right character, is consulted by medical men with a view to arriving at diagnosis, prognosis, and treatment, which in every case is carried out by the medical man who brings the case.

A specialist treats the case himself.

A specialist, on the other hand, is generally one who not only confines himself to some special organ (as of sight or hearing) or to some special disease (as functional nerve-disease), but who differs from a mere consultant in generally treating the case himself. Medical men thus send cases to specialists for treatment, but they bring them to consultants for opinions. When a doctor brings a case to an ear, eye, or throat man, there is no difficulty, for he knows well that he cannot treat the case as the specialist can.

I think, perhaps, the difficulty is greatest in the cases we are now considering.

Success depends on *how* and *who* not on *what*.

A nerve specialist wins his successes after all largely by his individuality; and it is in these cases that the personal equation bulks most largely, and for this reason I have detailed at great length the first interview. Of course, its importance mainly depends upon the fact that you

have to conduct the treatment, and that this treatment, above all others, depends for its success upon *how* it is done and *who* does it, quite as much as upon *what* is done.

Alter prognosis if you do not treat the case

Many doctors, no doubt, understand this, but they have to be enlightened men to do so. A great many, however, will treat you just as an ordinary consultant, and simply require from you advice as to how to treat the patient. You can of course give this, but your prognosis must be greatly modified. In fact, it is obvious in these cases that, unless the treatment is in your hands, you can give no certain opinion as to its success. It is difficult enough to give one when it is, but otherwise it is impossible.

You cannot tell the doctor he will not be so successful as you: and if he is old-fashioned and thinks the means used or the drugs advised are everything, he naturally cannot be made to see why they are not as effectual in one pair of hands as in another.

Curing a patient is not repairing a machine.

Indeed, so long as the patient is regarded as a machine to be repaired, and the power of the mind on the body and the personal factor are not recognised, it is impossible to explain matters. You must, therefore, in these cases restrict yourself

to a prognosis far more unfavourable than it otherwise need be.

Professional and patient's interests conflict.

I think sometimes such cases are very painful; for, approached simply as a consultant, you must act as such alone, and under no circumstance can you, directly or indirectly, take a patient brought to you by a medical man out of his hands; though, without egotism, you cannot doubt it would greatly alter the prognosis if you could.

There are few cases where what is due to the profession really interferes with the patient's welfare, but this, at times, may be one.

Want of money is often serious.

Another very painful circumstance that may affect the prognosis is the question of means.

Most efficient treatments of functional nerve-disease including, as they nearly always do, residence in nursing homes or with nurses, &c., are abnormally expensive as compared with other diseases, though not so when compared with operations.

Do not advise treatment that is impossible.

It is wise and kind, therefore, seeing that prognosis must depend on right treatment, to have some idea of the patient's means before giving it, otherwise great cruelty may be inflicted by giving a very favourable prognosis based on treatment

which, when its cost is explained, it is found impossible to carry out.

Of course, with some patients this difficulty can be frankly explained, but with many it cannot.

The difficulty is got over if the prognosis can be given *first* to a friend or doctor, and the treatment discussed while the patient dresses, and then you will know exactly what you can safely say to the patient.

We will consider the question further when we come to speak of treatment.

Details that affect prognosis.

In the prognosis of functional nerve-disease much depends on the temperament of the patient, upon your perfect freedom in treatment, upon the length of time it has existed, upon its complication with mental or organic trouble, and upon the life to which the patient will return after the treatment.

Length of cure

On the whole, and very roughly, one may say that where one of the principal causes is malnutrition, the active treatment will average between one and three months, with an after-cure of some duration. When there is no marked physical cause it is much more indefinite, and no time can be even approximately fixed till a week or a fortnight has elapsed.

Perhaps I cannot do better than sum up this short chapter in the same way as the last, by giving an extract from the closing words of Sir Richard Quain's essay on the subject:

Sir R. Quain on prognosis.

'It is the duty of the physician, when asked for his opinion, to state it honestly, but with great discretion, and in general with as much hope as is fairly admissible. He must be guarded as to the manner in which his view is communicated to the patient, for there are many individuals whose temperament is such that the progress of their disease would be greatly influenced for good or evil by the expression of a favourable or of an unfavourable opinion.

Avoid deceit.

'At the same time, the physician must avoid deceit; and, if there be risk or danger in communicating an unfavourable prognosis to the patient, he must at least communicate it to some judicious individual amongst the patient's friends. Altogether, too much caution cannot be exercised in stating, in any obscure case, what its progress and result will be.

Prognosis not always possible.

'There are many cases in which the medical attendant will be justified in replying that he is a physician, and not a prophet' (but these are not functional nerve-cases). 'He cannot always fore-

tell results, his aim and object ever being to mitigate the patient's suffering, to prolong life, and to cure the disease if possible ; full often to profess or to do more than this, is beyond his art.'

To this I may add, in conclusion, some wise lines on prognosis written by a surgeon at St. Bartholomew's :

He that setteth a day when his patient shall be cured
Is but a childish surgeon, you may be well assured.
Hippocrates in his 'Aphorisma,' as Galen writeth sure,
Said four things are needful in every kind of cure.
The first, saith he, to God belongeth the chief part,
The second to the surgeon, who doth apply the art,
The third unto the medicine, that comes as Nature's friend,
The fourth unto the patient, with whom I here will end.
How then may a surgeon appoint a time, a day or hour,
When three parts of the cure are quite without his power?

CHAPTER VII

GENERAL MENTAL THERAPEUTICS

The patient is curable.

You have now given your diagnosis clearly and decidedly; you have added your prognosis, let us hope also clearly and decidedly. I will suppose you have told the patient she is curable on certain conditions, and now comes the point to which all, so far, has been but a preliminary, and that is the way you are going to cure her.

I think here we may well pause a moment, and before joining battle with the disease, or even offering to do so, review carefully the forces at our disposal, in the next four chapters.[1]

Taking stock of the enemy.

Even before we do this, however, it is well to take stock of the enemy.

Functional nerve-disease, with which alone we are now fighting, separates itself easily into two

[1] We have already done this briefly in a general way in Chapter II.; we now look at them solely in connection with functional nerve-disease.

great classes—neurasthenia and neuromimesis. The former is susceptible of much further division.

Varieties of neurasthenia.

Neurasthenia has at least two distinct stages, those of irritability and debility; the former tending in the majority of cases to pass into the latter, if left untreated.

Neurasthenia, again, may be specially of the brain (cerebral), or of the spinal cord (spinal), or of the organs (visceral).

It may, and often is, associated to a varying extent with lack of mental balance—a fact that has to be carefully noted, and which is no small factor in prognosis and treatment.

Neuromimesis or hysteria.

Neuromimesis is a much rarer disease, and you will probably meet at least six cases of neurasthenia for every one of hysteria; and these will probably be not all pure cases, but mixed up with the former. Neuromimesis (often called hysteria) may mimic any known disease (of course unconsciously), and may therefore be classified, if wished, under the heads of the different diseases mimicked.

Capricious symptoms in neuromimesis.

In visceral neurasthenia it is sometimes difficult to distinguish between diseases which are the outcome of a certain amount of nervous exhaustion such as, commonly, dyspepsia; and those that are capriciously caused by the vagaries of an unbalanced

unconscious mind, such as the production of tumours, paralyses, temperatures, &c. It is these latter that constitute true neuromimesis, though the former are included by some.[1]

Neuromimesis not common.

In going through 350 recent private cases I do not find one case of pure neuromimesis, though I have classified under this head a number of cases which are characterised by some signs of it.

The following is the list:

Classified list of private cases.

Analysis of 350 Cases of Functional Nerve-disease.
Males, 122; Females, 228.

	Males %	Females %
1. Neurasthenia, generally	*90·5*	*83*
(Classified by Predominant Symptom.)		
Debility only	35·5	40
Irritability only	8	10·5
Sexual hypochondriasis	20·5	3·0
Depression	8	12·0
Fears (morbid)	11	6·5
Headaches	4	6
Religious melancholia	3·5	2·5
Neuralgias	—	2·0
Heart	—	·5
2. Neuromimesis	*9·5*	*17*
(Classified by Predominant Symptom.)		
Delusions of disease, &c.	6	11
Dyspepsia	2	2·5
Movements (involuntary)	1·5	1·5
Paresis	—	2·0

[1] For example, nervous dyspepsia is not truly the simulation of dyspepsia, but is the necessary result of exhausted nerves,

This table is interesting, though the classification is very elementary, giving as it does merely the most salient symptoms. We may note that the proportion of men is larger than is generally thought. Points of interest.

The proportion of neuromimesis is small, and would be very much smaller if more rigorously classified. The percentage of sexual hypochondriasis amongst men as compared with women is remarkable, and to some would be unexpected. Headaches are rarely complained of in this class of patients, contrary to what would certainly be supposed, and even neuralgias are not very common as *the* predominant symptom. Sexual male hypochondriacs common.

The chief symptom amongst men apart from the debility or irritability alone, which it must be Depression common to women.

whereas an hysterical tumour is not a necessary result of nervous condition, but arises from unconscious suggestion. In such a case the patient probably then has observed one day the pulsation of the abdominal aorta. She has read or heard of pulsating tumours, and here she sees it. This, being deeply but unconsciously impressed on a weakened unconscious mind, the tumour by degrees is actually (hysterically produced. That is, a section of the oblique, rectus, and transverse abdominal muscles are contracted and form a protuberance of substantial character, while the pulsation of the aorta is increased in the same way. It is utterly impossible to do this by the conscious mind, however strongly it may be willed. It is never caused by will, for the patient wants to get rid of it, but by wholly unconscious suggestion.

understood underlies all the cases, is sexual; with women it is depression.

Mal-nutrition the most salient feature.

Of course, these cases might be classified according to physical examination; in which case malnutrition would be the salient feature in at least 75 per cent. The classification I have given is essentially from the patient's point of view, and represents in every case that symptom of which they complain most.

List of therapeutic forces.

Our next business is to look at the forces at our disposal to meet the enemy. These may be drawn up in three divisions:

1. Mental therapeutics.
2. Natural therapeutics.
3. Pharmaceutical therapeutics.

Recognition of natural therapeutics.

The order of these is not without significance. Time was when the third, or medicine proper, was not only chief of the three, but the other two were well-nigh non-existent. The second, natural therapeutics, has had a hard and long fight with medicine to be recognised as legitimate, and even now some of its forces, such as electricity, light, heat, etc., are dubiously regarded by a decreasing number of good men. As for what I have, with great temerity, placed first, it is certainly in general estimation still lowest and last of all three.

I have given it priority because it is the greatest and most universal therapeutic agent at our disposal—at any rate, in the comprehensive way in which I here use the term. Mental therapeutics comes first

Under the head of mental therapeutics I include four descriptions of forces:

Its four varieties.

1. Those used by the patient unconsciously.
2. Those used by the patient consciously.
3. Those used by the doctor unconsciously.
4. Those used by the doctor consciously.

Of these I will speak in the next three chapters. I shall also allude in a general way to some of the natural remedies, which include food, rest, isolation, environment (special), exercise, travel, occupation, electricity, massage, water, light, heat, etc.

Lastly, I shall add a word about pharmaceutical remedies.

The history of drugs in connection with the treatment of functional nerve-disease is a sad one, and has roused more than one physician to indignation. Sir Russell Reynolds for instance, writes: 'The whole list of anti-hysteric remedies—musk, castor, valerian, and the like—appear to have this one property in common: that they do no good, and delay the real treatment of the case, which is not one to be cured by "nauseous gums" Sir R. Reynolds on drugs.

but largely by mental, moral and social management.'

I will therefore proceed to consider the application of mental therapeutics to functional nerve-disease.

Mental therapeutics does not include quackery.

In speaking of mental therapeutics, it must not for a moment be imagined that I include under this head all the quack practice that abounds under the term 'mental healing.' As I have said before, several forms of this are so contrary to common-sense, and so mixed up with a pseudo-religion, as to be most objectionable to medical men.

Mental therapeutics properly applied cannot, however, be omitted in any treatment of nerve-disease, and a knowledge of their great value is essential to every physician who would excel in the cure of these disorders.

It is not studied scientifically.

Psycho-therapy, though universally used, more or less, is seldom spoken of or studied scientifically by the profession; and is not much in favour even amongst the very men who (often unconsciously) largely use it.

It is, of course, as I have implied, the connection of mental therapeutics directly with faith-healing, mental science-healing in all its many varieties, and hypnotism, and indirectly with liquid electricities, billionth dilutions, and quack

remedies of all sorts, that has so far deterred the profession from examining its wonderful powers very closely.

I feel quite sure, however, that all such reasons will fall to the ground when the fact of the unconscious mind and its power over the body is admitted, clearly and definitely, by scientific men; and once its powers become generally recognised they will at last, after long neglect, be made the subject of serious study.

Drugs sometimes succeed in nervous diseases.

Still the prejudice very naturally exists, to the great loss of the profession, though I have no doubt it is gradually disappearing.

Even in functional nerve-diseases cure has long been sought in drugs alone; and not infrequently their administration has been crowned with success. But I must confess that I think this is largely through the psychic rather than the physical effects of the drug.

For it is the mind and not the drug that is, as a rule, the potent factor for cure in nerve diseases.

Nerve diseases are cured by mental remedies.

A malady induced by mental causes can really only be cured by mental remedies. A full recognition of the value rightly attaching to the mental treatment of physical ailments will improve the usefulness of the physician and materially assist

in the recovery of his patients. In disease, functional or organic, the therapeutic value of faith and hope, *though not in our text-books*, is often enough to turn the scale in favour of recovery.

For, although drugs are still administered, but few medical men now believe that they are the entire cause of the cure; for very gradually it is beginning to dawn upon the medical mind that most nervous diseases at any rate are easily and naturally treated by mental therapeutics, and that the still persistent efforts to cure them by the stomach are neither reliable nor rational.

Medical men and mental treatment.

It ill becomes, therefore, the medical man who recognises in these cases that it is the mind which cures, to decry any form of mental treatment, if carried out with honesty for the patient's good, however little its process may be understood by him in detail. We have seen that the powers of the unconscious mind over the body are well-nigh immeasurable; and believing, as we now do, that our old division into functional and organic diseases is merely the expression of our ignorance, and that all diseases, even hysterical, probably involve organic disturbance somewhere, we are prepared to believe that faith and other unortho-

dox cures, putting into operation such a powerful agent as the unconscious mind, or, if you prefer the formula, 'the forces of nature,' *are not necessarily limited to so-called functional diseases at all.*

Study of the man of a whole.

There is no doubt all this will soon be fully recognised, and the importance of utilising the power of psycho-therapy will be everywhere admitted. The result will be that attention will no longer be exclusively concentrated upon physical phenomena or bodily symptoms, but the man *as a whole* will be more studied—body, soul, and spirit; and in curing any one part the powers of all three will be used in aid.

De Fleury on the medical moralist.

'A day will come,' says De Fleury,[1] 'when there shall arise an upright and intelligent physician, strong enough to defy ridicule, and authorised by a noble life and the merit of his labours to lay claim to the superior dignity of a moralist. If he knows the human heart well he can draw the sick of soul to him.' 'The sound medical moralist might be able to double the amount of voluntary energy and moral soul strength in us all.'

[1] De Fleury, *Medicine and Mind* (Prize Essay of the French Academy), p. 224.

Dr. Morrison on mental therapeutics.

Dr. A. Morrison, President of the Æsculapian Society, says[1]: 'We often do less than half our duty in not exploring the mental life of the patient. . . . A good deal has been written on prolonged vascular tension due to physical causes. Is there no such state as prolonged mental tension due to moral causes? . . . In such cases, if the physician is to be of any service to his patient, it must be by the agency of mind on mind; and this takes us out of the vestibule littered with microscopes, crucibles, and retorts into that inner chamber—the holy of holies in the life of a physician and his patients—where heart and mind are laid bare to the sympathetic gaze of a fellow-man, whose discretion may be relied on, and who may from his training in the knowledge of the human soul as well as the human body be able to cure his brother of a most disturbing factor in his life beyond the reach of the advanced therapeutics of a purely physical kind.'

Before leaving this subject we may look at some mental qualities that are recognised as curative agents.

Sir J. Forbes on psychic powers.

Sir John Forbes gives as psychic powers of cure: augmented hope — faith — cheerfulness —

[1] Dr. A. Morrison, *Practitioner*, 1892, p. 27.

mental activity—decreased anxiety—mental work —new motives for mental action—new motives for physical life—soothing moral and religious principles.

'Imagination,' says Sir J. C. Browne,[1] 'is one of the most effectual of psychical agencies by which we may modify the conditions of health and disease.' A disciplined imagination is one of the most valued tools of a physician. Sir J. C. Browne on imagination.

A strong will is a good therapeutic agent, and may be exercised with great effect.

Sympathy, religion, common sense, patience, indifference, neglect, altruism, philanthropy, ambition, are all at times good mental medicines.

A wise doctor pays many visits that are not confined to strictly professional topics; for in them the doctor learns much, as the unconscious mind displays itself before him. Indeed, it is not too much to say that until the doctor has seen his patients at their ease in their own surroundings he never really knows them fully. The stiff ten minutes in the consulting-room does not reveal much of the complex causes of a difficult case of functional nerve-disease. Unprofessional professional visits.

It is thus that a family physician in the

[1] Sir J. C. Browne, Leeds Address, 1889.

Value of the family physician.

first instance has the greatest opportunities of mental treatment. His blue pill may be useful, but his opportunities of social intercourse, his tact in encountering false notions and instilling healthy ideas, are the most powerful remedial agents he possesses.

We will now proceed in the next three chapters to study the four ways in which mental therapeutics can be applied; giving in Chapter VIII. those the patient can use, and in Chapters IX. and X. those the doctor may apply.

CHAPTER VIII

SELF TREATMENT

I POINTED out in the last chapter that two of the four ways in which mental therapeutics can be employed are by the patient herself: either unconsciously, by the unconscious mind, the *vis medicatrix naturæ*, a process which is totally natural; or consciously, by bringing the conscious mind to bear on the case, a process which is wholly artificial.

Self use of mental therapeutics.

I will first of all speak briefly of the former —the unconscious way, by means of the natural inherent recuperative mental force known as the *vis medicatrix naturæ*.

Unconscious use by the *vis*.

With regard to this, the first point perhaps to consider, and one of great interest, is what is really meant by the well-known expression *vis medicatrix naturæ*.

What is the *vis*?

It has of course been hotly disputed whether such a force exists at all, and I am not aware

that our leading physiologists specifically allude to it at all. If its existence be admitted, it has been strongly argued that it is not a true force; while, on the other hand, by a very large majority it has been decided that it *is*, and one moreover of almost inestimable value in cure. It appears to me that this *vis* consists of the natural power resident in the unconscious mind to preserve the body against its enemies of all sorts; and, if these should have gained an entrance in the shape of disease or accident, to combat them vigorously; largely by what we call 'symptoms of disease,' and also by other processes. These 'natural powers' however form, after all, as we know, only a part of the mental factor in therapeutic medicine. Further powers, which we may consider later, can be aroused and brought into action by mental therapy, in stimulating the patient's own mind to greater efforts in various ways which we shall consider. So that the *vis medicatrix naturæ* and the energy aroused by mental therapeutics represent together the powers of the unconscious mind in its beneficial rule over the body. I will adduce further reasons for this view as I proceed.

It is the therapeutic action of the unconscious mind.

Dr. Mitchell Bruce writes respecting this agent[1]: 'We are compelled to acknowledge a power of natural recovery inherent in the body —a similar statement has been made by writers on the principles of medicine in all ages. . . . The body *does* possess a means and mechanism for modifying or neutralising influences which it cannot directly overcome.'

Dr. M. Bruce on the *vis*.

'I believe,' he continues,[2] 'that a natural power of prevention and repair of disease has as real and as active an existence within us as have the ordinary functions of the organs themselves.'

The most, then, a doctor can do is to assist the body in making use of this great power, which, I may once more repeat, is really nothing more than the action of the unconscious mind.

The doctor can assist it.

The *vis* is a fine illustration of the power of the mental factor in pathology, if not literally in medicine. So great indeed is this natural power that not the most skilled combination of drugs is of any avail without its aid, while the most haphazard remedies of the purest empiricism

The *vis* more powerful than drugs or doctors.

[1] Dr. M. Bruce, *Practitioner*, vol. xxxiv. p. 241.
[2] *Ibid.* p. 248.

can accomplish marvels if backed by this ever-present force. But for this marvellous power, a morbid disturbance once set up would inevitably continue to the point of annihilation; for treatment addressed to the living body *is absolutely meaningless* except as an appeal to such powers of resistance as a patient possesses. When these powers of the unconscious mind fail, as in the closing scenes of any fatal illness, it is idle to expect anything from treatment, as of course we all know death really is the result of the failure of the *vis medicatrix naturæ*.

I have already alluded to the routine medical treatment of nervous patients that until recently was as common as it was mistaken and injurious, and I do not think the picture has been overdrawn.

There can be no doubt that functional nerve-diseases have not been handled in an intelligent scientific way.

Lack of interest in treatment.

A reason for this at once suggests itself when one attends the medical schools and cliniques at hospitals, and hears diseases discussed. The way in which the medical history of the case is taken, the subjective and objective symptoms

noted, the predisposing and exciting causes discussed, and the ætiology settled; the wonderful care in putting all together, giving each symptom its due weight, and the diagnosis which is at length arrived at, fill one with admiration and awe at the science and exactitude of this branch of medical research.

But when we proceed to the treatment of the case we experience a shock; for therapeutics is the subject of no such grave consideration, but is probably dismissed in a sentence, and occasionally we do not get even this, the matter being left altogether to the discretion of the house-physician.

The interest in surgery clearly centres in the operation, and in medicine in the diagnosis of the disease.

Treatment often secondary.

It may be asked, How is it possible that successful treatment in ordinary diseases can be a secondary matter; carried on often on contradictory lines, and sometimes being merely expectant *placebos*, in the shape of inoperative medicines, stilling the cravings of the hospital patient's mind and stomach? The answer is remarkable. It is, that it is more and more recognised (as notably in a remarkable address by Sir Frederick Treves at Liverpool) by the physicians standing

around the bed, that they are in the presence of another and greater doctor—Dr. *V. M. N.*: a doctor trained in no human schools, but divinely gifted to heal all varieties of disease, and to repair every species of injury—the *vis medicatrix naturæ*—in other words, the 'Unconscious Mind.'

Dr. Wilkinson on the most reliable consultant.

'Every thoughtful practitioner,' says Dr. Wilkinson,[1] 'will acknowledge that, when his therapeutic reserves are exhausted, by far the most reliable consultant is the *vis medicatrix naturæ*. To ignore the fact that she has already been in charge of the case for days, when we first approach with our mixtures and tabloids, is at least a mistake in medical ethics.'

The rhythm of health.

One of the most remarkable powers of which our physical body is capable is the tendency to return to what may be called the rhythm of health, after that rhythm has in any way been disturbed, provided that the cause of the disturbance is removed, and that the mind does not interfere with the unconscious forces, and so hinder the return. Our duty is (1) to find out and if possible remove this disturbing cause; (2) to watch over and assist in any way we can the natural forces in their efforts; and (3) to do nothing that can in

[1] Dr. Wilkinson, *Lancet*, 1897, ii. p. 1518.

any way interfere with those efforts, which are in fact the action of the unconscious mind.

Symptoms all curative.

The comparative negligence, therefore, in the treatment of ordinary diseases often works well, because of the force always in operation for good behind the doctor; who now knows that the fever, the cough, the sweat, the loss of appetite, are one and all curative symptoms devised by the patient's unconscious mind for his good. Much good (and sometimes harm) is undoubtedly done by drugs, and by other forms of treatment; but every really wise physician knows that no cure is ultimately due to the means he uses, though he doubtless generally gets the credit. This is not always the case, however, in the more benighted country districts, where sometimes the greatest compliment paid by the patient to the doctor is when he says with a grateful air that his medicine has not 'done him (the patient) any harm'!

The doctor gets the credit.

But the difference is great when we come to treat functional nerve-diseases. Not infrequently the practice, after the diagnosis is established, is to dismiss the treatment still more curtly, and often with hardly concealed contempt. But look at the disastrous results. In most ordinary diseases the *vis medicatrix naturæ* is in full vigour behind the

doctor; and even if his treatment be of a very passive order, the cure goes on actively under the guidance of the unconscious mind.

Vis weak in nervous diseases.

In nervous diseases it is not so, for the simple reason that, the nervous system being exhausted or diseased, the *vis* itself—the unconscious mind—is weakened or hindered, or even arrested in its action; for the patient is weakened and diseased in the centres of his being, in the innermost machinery of his life, and thus frequently remains uncured.

Treatment is all-important in nerve diseases.

The truth is that nervous diseases require far more careful, well-devised, and elaborately carried-out treatment than any other ailment, because here Dr. *V. M. N.* himself is ill, and cannot co-operate, as in other diseases, with the physician.

It would appear that in neuromimesis the very unconscious power of cure that we call the *vis* works in a morbid manner, and causes disease instead of curing it, and is itself the origin of the ailment; instead of being a *vis medicatrix naturæ* it is a *vis morbus naturæ*. Hence the treatment, to be successful, has often to be lengthy, elaborate, and expensive, and people wonder that nerve-diseases are so hard to cure, having no idea that it is for want of the efficient help of Nature's doctor.

What a wise physician does in these cases is to get the *vis medicatrix naturæ* as soon as possible into working order, so that it may co-operate in the further treatment of the disease.

Mental remedies must be used.

But this requires a knowledge of mental therapeutics, for to minister to a mind diseased, conscious or unconscious, mental remedies must be used, and these are by no means in favour in the profession, nor is it very skilled in their use.

The conscious part of self treatment.

Here then comes in the second part of self-treatment—the conscious part.

The patient recognises that he can to some extent help himself, and sets to work to do so, according to the nature of the case.

Take common-sense measures.

I need not enter into particulars of such actions, which necessarily vary with each individual case: suffice it to say that the patient can do much to cure himself in the early stages of 'nerves' by taking common-sense measures to remove the causes of his disease, without taking any drugs whatever. One of the first points to note, when the nervous system is on the verge of becoming unbalanced, is to retain by every possible means one's self-control. For this reason tears are often dangerous then, and should be restrained, except in some extreme cases where they afford necessary

relief. If a state of nerves or nervousness comes on, anything and everything should be done to avoid a breakdown, which always paves the way and makes it easier for a second—just as a horse which has run away once wants to run away again.

To this end a brisk walk in the open air is beneficial; or, if this be not possible or prudent, a very good plan is to undress completely on the spot, take a warm bath, followed with brisk rubbing, and then dress again, preferably in fresh things.

Patients can use distractions and will-power.

But the patient can do more. He can definitely attack the nerve symptoms, and this in two ways: either by counter-irritants, thus distracting attention from them by concentrating it elsewhere; or he can directly face them and overcome them by exerting the force of mind over the body—by will, by the formation of habits, and in other ways.

Also by auto-suggestions.

The power of the mind over the body has limits, but they have never yet been ascertained. What a patient can do to cure himself, the forces he can set in action, are as yet unknown. I am inclined to believe they are far greater than most imagine, and will undoubtedly be used more and more. A strong will is a good therapeutic agent. Mental therapeutics may be directed by the patient himself to calming the mind in excitement, arousing feelings

of joy, hope, faith, and love; by suggesting motives for exertion, by ordinary regular mental work, especially composition; by giving oneself the most favourable life suited to cure the disease, by diverting the thoughts from the malady.

The cultivation of the will greatly increases its power. But the mere determination, however strong, to be freed from the nervous sufferings does not always drive them away; we have a far greater power to effect this, and that is the power of auto-suggestion.

Not so good as medical treatment.

I do not say for a moment this is as efficacious as enlightened medical treatment, but it has these advantages: that it costs nothing, that it can be applied at home, and that it requires no drugs nor apparatus. This auto-suggestion differs entirely from hypnotism, in that there is no hypnotist, and the patient has not to go to sleep, but is in full possession of her faculties. What she has to do is carefully and systematically to saturate her brain by suggestion with what she wishes herself to be or to become. This can be done by speech, by thought, by sight, and by hearing. Here are four brain-paths, all of which tend to set the unconscious mind—the *vis*—to work at the process of cure.

A very little turns the scale.

The point to see in this method of cure is that after all the condition of the patient is often so nicely balanced that a little may turn the scale the right way.

The doctrine of 'dominants.'

Liebeault, Vogt, and Bernheim point out in various ways that great results are frequently determined by emotion-ideas or 'dominants' themselves insignificant. A man outside a baker's shop may be just balanced between stealing or not. Hunger prompts the one way, principle the other. Now, if an emotion-idea is presented to his mind of his starving family at home, he takes a loaf and becomes a thief. If, on the other hand, a vision of prison or the words 'Thou shalt not steal' rise forcibly in his brain, he walks away. In the same way in many nerve affections a comparatively slight self-suggestion will enable us to do what we otherwise could not, and so overcome some nervous dread.

Saying, thinking, seeing, and hearing.

For instance, a person with some unreasonable fear that is poisoning his life may—besides removing any contributing cause, besides combating it with his will-power—actively employ auto-suggestion by bringing his reason to bear on it, and show its folly to himself by *saying* aloud at the most impressionable time, when just waking or falling

asleep, how unreasonable the fear is. Also by *thinking* similar thoughts, by *seeing* in print the folly of his fears described, and by *hearing* others say the same. This may not cure the trouble in all instances, but it will in slight cases be found effectual, and is at any rate innocuous.

Besides this, some definite domestic treatment may be added. As a prophylaxis against incipient neurasthenia we may mention for women a day's complete rest in bed; and for men a week-end away from home, at a good inn in the country or at the seaside.

Natural remedies

For incipient nervous dreads or ideas, sometimes hard enforced work, that engrosses the mind as well as tires the body, is an admirable curative. Of course in these and many other methods disappointment may result, and time may be lost, and in all of them the counsel of a wise physician to direct in the details of auto-suggestion, etc., is a great help; but in the absence of this we are sure that a good deal can thus be done by the patient himself without medical advice.

One great point is for the patient thoroughly to disabuse his mind of the idea that these nervous disorders are a sign that the mind is going. This is often the worst torture of all to bear; indeed, so

bad is it, that sometimes when it is removed all the other symptoms disappear as if by magic.

Let the sufferer, then, in the earlier stages of nerve trouble seek to remove the cause, to combat the symptoms by his will, by suggestion, and by habits and occupations calculated to cure them.

If all this fails, perhaps the next two chapters will show what the physician may further do for him.

CHAPTER IX

MEDICAL TREATMENT—THE DOCTOR

In Chapter VII. I pointed out four varieties of mental therapeutics, two being used by the patient; the one unconsciously by the *vis medicatrix naturæ*, and the other consciously by auto-suggestion and self-management. The other two of which I now speak are used by the doctor, the one unconsciously and the other consciously.

Treatment by the doctor.

The former consists of his personality, the latter of his methods of cure, which, it must ever be remembered, though mainly physical in manner and substance, are largely psychical in effects. The patient clearly benefits and recovers; and perhaps it will never be accurately determined how much is due to the psychical and how much to the physical effect of the remedies; one thing is certain, no remedy is ever applied without a psychic influence which is specially strong in functional nerve-cases.

All remedies have a psychic effect.

Let us then first consider the therapeutics in the doctor himself.

What the doctor knows and what he is.

There are two mighty powers for good in every physician worthy of his name—what he *knows* and what he *is*; but, alas! as a rule he values only the former, and places all his reliance on the hieroglyphics in his prescriptions. But there is a consciousness in every actual or potential patient of any medical man, that there is a something about his doctor that does him more good than the medicines, which indeed he does not always take. And the doctor he likes is the one he sends for, in spite of the fact that the other doctor in the town has a greater scientific reputation and a longer string of letters after his name.

Last words of Dr. Sutton.

One of the last words of Henry Gawen Sutton, my teacher of pathology at the London Hospital, was: 'Don't underrate the influence of your own personality. Learn to give confidence to your patients.'

A presence is of course felt in proportion to its power. 'O Iole, how did you know Hercules was a god?' 'Because I was content the moment my eyes fell on him—he conquered whether he stood, or walked, or sat.'

To constrain a feeble brain to be governed by a good and strong one is not a superhuman labour

for one who goes about it adroitly. I may repeat here what I said in Chapter IV., that *the moment the eye of the patient meets the eye of the physician, psychological action influencing the course of the disease at once takes place through the medium of the patient's unconscious mind.* The depression caused by a doctor's bad manners or gloomy looks may be combated actively by the patient's reason, but will yet have a bad effect, *malgré lui*, on his body through the unconscious mind, or 'instinct.' Just as with our material science and physical skill we seek by drugs and other agents to influence the body for good, so invariably (and, as I have said, most often unconsciously) does the physician's mind influence that of the patient. The 'gift of healing' that some men seem to possess to a marvellous extent, so that few sick can leave their presence without feeling better, is a purely unconscious psychic quality, at any rate in its origin; though, like other gifts, it can of course be perfected by use.

Commencement of psychological action.

Manner is much in medicine, and the personal presence is a power in practice, and both are worthy of a serious consideration they seldom get.

Manner in medicine.

Continually the consulting physician is brought face to face with cures, aye and diseases too, the

cause of which he cannot account for. And is he not often surprised to find that a continuation of the same treatment originated by the local practitioner is, when continued by his august self, efficacious? And is not the local practitioner not only surprised but disgusted as well to find such is the case?

And this is often what happens in functional diseases, where the patient is unusually responsive to mental influences.

Value of medical psychology.

There can be no doubt that the success or failure of a practitioner often depends just as much on his experience as a medical psychologist as on his skill in drugs.

Secret of success.

And is not this the real clue to much that perplexes us with regard to the success of our *confrères*? We often see, with surprise not unmingled with envy, some fellow-physician soaring above his friends, and we are greatly puzzled; for we well know that his professional knowledge of medicine is, well—not so broad nor profound as our own, and yet his waiting-rooms are crowded, while ours are mostly empty.

Charitable surmises.

Probably, with a professional charity that, alas! often thinks evil, we solve the difficulty by putting down his success to his cheek, or push, or adver-

tising methods, all of which, of course, we scorn; or to some lucky fluke that has brought him into repute; in short, to anything and everything rather than to some power in himself, some quality or skill we do not possess. And yet the truth may be that his success is really due to the value of the unconscious therapeutics used by him in benefiting his patients' bodies through influencing their minds in various ways.

Cause of success often not known.

Of course, the man himself may not know the cause of his own success. Indeed, I am convinced there are to-day distinguished ornaments of our profession who are quite unconscious of the real agent that has placed them in their exalted position; just as there are, on the other hand, clever men who are equally unconscious of the real cause that has kept them in obscurity; and yet, surely truths that have such far-reaching effects in our practice, and are such factors in our success, should form an essential part of our medical knowledge.

Truths of such importance should be known.

Some may object that what I refer to are purely natural gifts, which a man either has or has not, and that it is useless to call attention to matters over which we have no control. But is it true that we can acquire nothing during life besides what we possess from birth? On the contrary, not only

can we by use and wise direction greatly increase what we have, but we can by practice make up for natural deficiencies in a marvellous way.

Some have natural gifts.

Some undoubtedly have the faculty, as we say, instinctively (which simply means by the action of the unconscious mind) of adapting themselves, in voice, manner, and expression, to the needs of the patient before them, so as to exercise their highest therapeutic power without an effort. And there can be no doubt that what is thus instinctive is at once more natural and more effective than what is consciously assumed.

Natural manner is best

It is undoubtedly this natural gift that is the great secret of success; but the man who has not got this may do much to acquire it, once he grasps the value of his personality and of unconscious therapeutics. Several of our wisest teachers have laid down in connection with this what they believe essential to success in medicine, and I will quote one or two of their *dicta*.

Dr. Osler on professional work.

Dr. William Osler, now Regius Professor of Medicine at Oxford, lately spoke at Toronto some weighty words on this subject: 'Professional work of any sort tends to narrow the mind, to limit the point of view, and to put a hall-mark on a man of a most unmistakable kind. On the one hand are

The medical hall-mark.

the intense, ardent natures absorbed in their studies, and quickly losing interest in everything but their profession; while other faculties and interests rust in them unused. On the other hand are the bovine brethren, who think of nothing but the treadmill and the corn. From very different causes—the one from concentration, the other from apathy—both are apt to neglect those outside studies that widen the sympathies and help a man to get the best there is out of life.

The bovine brethren.

'Like art, medicine is an exacting mistress, and in the pursuit of one of the scientific branches—sometimes, too, in practice—not a portion of a man's spirit may be left free for other distractions; but this does not often happen. On account of the intimate personal nature of his work, the doctor, perhaps more than any other man, needs that higher education of which Plato speaks—"that education in virtue from youth upwards which enables a man eagerly to pursue the ideal perfection." It is not for all, nor can all attain to it; but there is comfort and help in the pursuit, even though the end is never reached. For a large majority the daily round and the common task furnish more than enough to satisfy their heart's desire, and there seems no room left for anything else.'

Medicine an exacting mistress.

Doctor needs higher education.

Dr. W. Mitchell on natural remedies.

Dr. Weir Mitchell writes as to natural remedies: 'It would, I think, be found that the best men of every time were most apt to consider with care the general habits of their patients as to exercise and diet, and to rely less than others on the mere use of drugs.'

With regard to personal qualities that lead to success, he says:

Valuable personal qualities.

'There is a potent combination of alertness in observation, with a never satisfied desire to know even the trifles of a case, which with sagacity gives a medical mental character as rare as it is valuable. For such, then, there are no trifles, and on entering a sick-room they seem to absorb at a glance matters which escape others; and yet to the end are still so quietly observant and searching that they never seem to be quite content with what they have learned. Not to know surely, is to them a form of unhappiness.

No trifles in medicine.

Dramatic power.

'I know men who have never suffered gravely in mind or in body, who yet have some dramatic power to enter into the griefs of others, and to comprehend, as if by intuition, just what others feel, and hence how best to say and do the things which heal or help. I know others seemingly as tender who, with sad experience to aid them, appear to lack the imaginative insight needed to

make their education in sorrow of use to their fellows.

'There are times when all that men can give of sympathetic tenderness is of use. There are others when what is craved for is but the outcome of morbid desires for some form of interested attention. When to give sympathy

'You may be asked for too much, and every doctor knows how curiously this persistent claim for what you call sympathy does, as the nurses say, "take it out of a doctor."'

Again, Dr. John Brown says of Sydenham: Brown on Sydenham.
'As an instrument for discovering diseases I have never seen his perspicacity equalled; his mental eye is achromatic, and admits into the judging mind a pure white light, and records an undisturbed, uncoloured image, undiminished and unenlarged in its passage; and he has the moral power, courage, and conscience to use and devote such an inestimable instrument to its right end. His skill and courage. It appears that physic is one of those departments in which there is frequent necessity for the exercise of an incommunicable faculty of judgment and a sagacity which may be called transcendental, as extending beyond the simple combination of all that can be taught by precept.' His judgment and sagacity.

I would now ask for special attention to the

Sir J. R. Reynolds on medical training.

words of Sir J. Russell Reynolds, which are so helpful, so loftily conceived, and expressed with such felicity, that I quote them at some length, convinced that none can read them without feeling their highest impulses quickened and strengthened. Speaking of medical training he says:

Need of lofty views.

'You must take far other views than these, and see that in each sufferer who may come before you there is an individual history as interesting, and perhaps more so, than your own; you must see that disease is something far more important and far deeper than an aching head, a hurried breathing, or a fluttering pulse; that disease is something much more serious than the mere interference with the mechanism of physical life; that the measure of its evil is, not the increased rapidity of pulse, not the daily wasting of the body, nor its numerical frequency in the bills of mortality, but the degree to which it so tells upon the mind, heart, will, and power of man that it prevents him from doing that work in this world which it has been given him to do.

Disease not merely physical.

Its psychic side.

'If, then, you would so learn of life as to alleviate its woes, you must not regard your patients as merely interesting clinical phenomena; you must not look on them as cleverly acting

physiological machines, upon which you may experiment for your own diversion; you must not imagine that "cases" are brought before you for the purpose of illustrating books, or of proving so-called statistical laws; that diseases exist for the sake of teaching you the long names which men have given them, or for the sake of establishing this or the other pathological opinion; that limbs have been created and broken that you may feel the crepitus of fractured bones; or blighted, that the surgeon may display his skill in their amputation.

Patients not machines.

Diseases not mere matters of education.

'It is by knowledge and sympathy that the help is given. Like good actors, you must so throw yourself into the mental and moral condition of those with whom you have to deal, that you think their thoughts and feel their feelings, and so understand their wants and try to fill them.

Knowledge and sympathy.

'Again, your knowledge and your skill must be always ready, not lying in dust-covered books upon your shelves, but always at your fingers' ends.

Have your knowledge ready.

'Success will mainly depend upon yourselves. If it is true that the poet is born not made, that dogma is quite as true with regard to the physician. You must be men that your patients and their friends can trust, and do so without knowing it.

Physicians are born.

You must be calm, without indifference; judicial, without dogmatism; clear and ready, without rashness; kind, with both tenderness and firmness.

Be a man.

'You will gain your patient's confidence, I believe, by showing that you are more than a physician or surgeon, and by making him feel you are a man.

Assume nothing.

'This is not to be done by yielding to his fancies, nor by the assumption of either superhuman knowledge or any quite exceptional ability; but by simply showing that you know what he wants, that you can understand his sorrows, and will bring for their relief all that the knowledge of the time has placed within your reach. No one can help you much to these things; you must learn the art yourselves: and I am sure that the most direct road to such learning is, first, to forget yourself. Try to throw yourself into your patient's condition (for you can if you will try), to understand him and his surroundings, and ask yourself: What would be the thing said to you that would be the most helpful to you if you were in his place? And then, with the strength of your knowledge, gained by reading and experience, tell him *that*, and bid him God-speed. I am sure that on giving the help we hope and ought to give to suffering

Forget yourself

Importance of religious faith.

and sorrowing man, we shall do nothing worthy of the name unless we realise, and that to the full, the importance of this factor of religious faith in our lives and theirs, and so guide its operation as to help it to subdue, control, and comfort those to whom we minister, that they feel us to be sent from God to help them in their passage through this region of shadows to that of realities which are abiding.'

Tact and success.

There is one special ingredient of success, of which I have already briefly spoken and to which I shall refer again later on, but respecting which I should like to make a quotation here. I speak of tact.

Sir F. Treves on tact.

Sir Frederick Treves says: 'A man may possess all the learning that a well-equipped library may contain, and all the erudition that attentive observation of the words may bestow, and yet be short of complete success as a practitioner of his art. Absolute efficiency cannot be gauged by academic distinction, nor can it be discovered by the touchstone of the examination-table. In the accomplishments of the most learned physician there may be one thing lacking, the need of which may stand between him and the fullest equipment for success, and that one thing is a tactful and a sympathetic knowledge of his fellow-man.

Knowledge of disease, ignorance of man.

'It is possible that a doctor may be acquainted with all that is to be known of the disease of man, and yet know too little of the man himself; indeed, it is not too much to say that the highest qualifications of the practitioner of medicine are not to be represented by any university degree nor discovered by any system of inquisition. This tact, this knowledge of human nature combined with wisdom, patience, and skill in dealing with disease, require far higher qualities than mere scientific attainments. There are, indeed, men of the highest scientific eminence who are rightly relegated to research and academic lives; for so utterly devoid of tact are they that to let them loose to practise upon their fellow-creatures would be little short of a crime. Tact by no means necessarily goes with the most powerful brain or the most extensive knowledge; it is, however, a first essential to success. Sir W. W. Gull may be named as one who was a past master in the art, and many other names will come to the mind of those who have been fortunate to mix with the leaders in our profession.'

Knowledge of human nature.

Men without tact should not practise.

Tact of Gull.

Dr. Stephen on medical spirit.

Dr. Stephen, President of the College of Physicians of New York, beautifully expresses this idea yet more fully in a single sentence, and with

his words I may fitly close these quotations: 'The vocation of the practising physician is the spirit of Christianity in action.'

Value of the medical 'bear.'

I cannot leave these weighty testimonies to the value of tact, kindness, gentleness, etc., without acknowledging that where there is genius, or, at any rate, marked cleverness, the very opposite qualities are sometimes of therapeutic value, and the medical 'bear' is often a very healing animal: and by his brusqueness and rudeness and gruffness contrives to make a deep impression of his skill.

The 'bear' in the novel.

This type of physician is in great request in popular novels, where indeed (in combination with his superhuman powers) he is more frequently met with than in real life; and almost always, curiously enough, in connection with functional nerve-disease.

So much then for the impressions of a character as drawn by others, which, powerful in its effects with all patients, is pre-eminently so in nerve cases.

Perhaps I may now be allowed to add one or two special features of the character that makes for successful practice as drawn from my own experience.

Strike the keynote.

Success largely depends upon our striking the

keynote of the minds we have to deal with. 'In nerve-disease,' says Coleridge, 'he is the best physician who knows best how to inspire hope.'

The first point I would make in connection with the physician (in the teeth of much that has been written, and against the practice of some noted neuropaths) is that one of the chief conditions of success is *sympathy*, and one of the chief causes of failure is the lack of it.

Value of sympathy.

I do not say it need be always, or even frequently, shown; but, believing as I do in the subconscious mind, and the quick unconscious relation of one mind to another when in harmony, I have no doubt whatever that real sympathy is always felt wherever it exists in the physician for the sufferer, though it be not shown; the proof being that it gives a confidence in his skill, and a restful feeling of being understood—that is no mean factor in the cure of every disease, but especially so in those of which I now write. Concerning these, indeed, I am certain that any doctor who does not inspire his patients with this confidence will have more failures than cures.

To feel this sympathy one must believe in the reality of the sufferings of the patient, and dismiss absolutely the blight of suspected malingering.

One must grasp the truth of the brilliant dictum of Sir James Paget, who declared that while the patient says she 'cannot' and the nurse that she 'will not,' the truth is that she 'cannot will.' Sir. J. Paget's brilliant dictum.

Let us remember that *a disease of the imagination is not an imaginary disease*, and that pain, in its last analysis, is a mental rather than a physical fact, for its reality does not in the least depend upon its resting on any definite physical basis. Pain a mental fact.

To tell neurasthenics or hysterics that there is nothing the matter with them, because no clear physical basis can be discovered for the symptoms complained of—unless done deliberately, in exceptional cases, for a definite purpose—is to confess oneself unfit to deal with functional nerve-diseases.

As slowly, very slowly, the enormous powers of the subconscious mind over the body are beginning to be dimly perceived, such crude and false statements are becoming rarer; but they are still common enough amongst those whose opinions are founded solely upon physical diagnosis.

The next qualification in the physician is *patience*, and this, I think, is different from mere endurance, and really depends upon the first quality—sympathy. It is only those who know the tortures undergone by functional nerve-sufferers— Value of patience.

the pariahs and outcasts amongst patients and doctors—and who feel for their sufferings, that can possibly put up with the trying nature of the sufferer and his multifarious and often apparently incurable troubles. As long as a doctor has any doubt as to the definite and real character of the disease, as long as the *bona fides* of the patient is a matter of question, so long is it very difficult for him not to be defective in patience.

The lack of this virtue in doctors fills our holiday and health resorts abroad with patients, sent there because the doctor could not stand the strain at home. Recognising his resulting impotence, he ordered travel as the best way out.

Value of perseverance.

Allied to patience is *perseverance*. The despondency of the patient, the scepticism of relations, the continued and heavy expense incurred, over which the physician has little control, and the absence of any signs of improvement, it may be for weeks, render this virtue also most difficult to practise. And yet for lack of it how many patients go unrelieved, how many incipient cures are nipped in the bud, and how many successful methods are prematurely abandoned as failures! If we have sound grounds for believing our treatment is rational, if we have seen successful results

from it in previous cases, and, above all, if there is the least glimmer of improvement, let us persevere on and on. There is no space here to adduce cases in proof of this, but I have one in mind that, after defying every doctor and every variety of Weir-Mitchell and similar 'cures,' was at last successfully restored to health mainly by persevering in one definite plan of treatment for six months on end, by a doctor who would not be beaten.

Value of firmness.

Closely connected, again, with this is the question of *firmness*. Curious as it may seem, it is easy to be too firm, and still easier not to be firm enough. The path of success here undoubtedly lies in the golden mean between the two. Be inflexible as cast iron in things essential, flexible as steel in all matters non-essential; and never, as is so common, inflexible from mere doggedness, but always intelligently. This gives confidence, brings success, and avoids friction with patients and friends. No patient really 'believes in' a doctor who absolutely lacks it; it is the quality above all others that inspires respect.

Perhaps this question really depends upon the next great virtue, on which Sir F. Treves has just been quoted, but to which I may add a few words.

Tact is mental touch.

Tact is a quality without which neurasthenics cannot be successfully treated. Tact is the unconscious mental touch, the *tactus eruditus*, by which one mind feels another; and just as a physician's physical tactile sense is educated to discern much by mere touch, so can mental tact help the nerve doctor immensely along his difficult path.

Take, for instance, the one question of whether to make light of any particular symptom or to treat it quite seriously. The answer does not in a neurasthenic in the least depend, as the doctor may naturally think, upon the amount of obvious physical basis upon which that symptom may rest, but on the effect on the patient's mind of your levity or gravity; and to ascertain this effect beforehand is the highest outcome of tact.

Hysteria is not malingering.

For it must ever be recognised, and may here be again asserted, that amongst functional nerve-diseases, hysteria or neuromimesis at any rate is distinctly a disease of the subconscious mind, of unconscious suggestion; and it is in this very fact of its unconscious nature that it differs from all forms of malingering, which always imply conscious fraud. Whatever diseased physical conditions may coexist require treatment, but the mental condition is undoubtedly the more impor-

tant, and is the one which in every case requires the greatest judgment and tact. Most medical men, I believe, are inclined to glorify their own particular branch of the profession; but one cannot but see that, in pursuing to its recesses and in curing diseases produced by such a mysterious agent as the unconscious mind, one has to employ powers and means of a very different nature from the comparatively simple and straightforward processes of purely physical medicine or surgery.

Value of honesty.

I may perhaps just say a word on the value of *honesty* with these patients; for it is a word by no means limited to its ordinary sordid interpretation. I mean absolute honesty in considering and acting solely in the patient's interests, as distinguished, not from the doctor's, but from the parents, friends, and relatives, and others whose counsels and pleadings so often turn aside the otherwise sound judgment of the physician.

Value of details.

Lastly, success depends upon a power of *attention to details* that is not always found in minds broad enough to grasp the case as a whole. Minds, as has been pointed out, are generally characterised by observation *or* imagination. The former quality gives accuracy in details, the latter

broad and wide views. The combination is rare, and those who possess it are generally masters of their profession, and in nerve-diseases this union is of especial value. The doctor who knows and sees that his patient is not disturbed at night after the last massage; who gives exact orders as to her detailed routine throughout the day; who ascertains she is not roused and agitated by the noisy cleaning of grate and room early in the morning, will do much to ensure the general success of his elaborate treatment. A capacity for taking pains and for arranging details of treatment may turn the scale from failure to success in a doubtful case.

So much, then, from the mouths of many able witnesses as well as from individual experience, for the doctor and his personal powers.

CHAPTER X

MEDICAL TREATMENT — THE REMEDIES

Psychic value of doctor's remedies.

In the last chapter we considered the value of the doctor—what he is. Here we may study the value of his remedies—what he does; which will include applied mental therapeutics, purely natural therapeutics, and pharmaceutical therapeutics. But first of all, for a moment or two, let us consider the conditions of success in connection with the patient.

Conditions of success.

I have shown that success is greatly handicapped if the patient has been already the victim of previous failures. As Dr. Allbutt has pointed out, these always act prejudicially in sapping the confidence and courage of the sufferer. Personally I have found this a most difficult complication to deal with.

The mechanical routine of a so-called 'Weir-Mitchell cure' is now so well known, and so absurdly regarded as such a universal panacea,

that this or something else has often been tried unsuccessfully before you see the patient, with the result that anything approaching the same methods is already regarded with suspicion; though it may essentially differ, and result in success instead of failure.

Confidence in doctor and nurse.

Another element of success in the patient, I may repeat, is confidence in the doctor and nurse. I add 'nurse,' because many physicians are not aware how this person can weaken or wholly frustrate all efforts at a cure. A case occurs to me that, treated by Weir-Mitchell method twice, only resulted each time in failure and actual loss of weight. Secret sapping of the doctor's influence, with neglect of orders, was the cause in one; and open rupture of the two, neutralising all efforts, in the other. The case was difficult, but with agreement between the two was eventually successfully treated.

I may here emphasise again, as distinct from all diagnosis of the disease, and as a great element of success, a close study of the patient's personality and mental calibre. This so often necessitates, even in two suffering from the same symptoms, a course of treatment in one case entirely different from that required by another.

Personal factor often of little value.

The personal factor is so comparatively valueless in ordinary physical diseases, such as pneumonia or gout, that one is apt never to consider it, until one finds, from disastrous experience in functional nerve-disease, that its proper consideration is in its way quite as important as accurate diagnosis.

We now come to the curative remedies; and here it is obvious that, though success depends partly on the patient and partly on the doctor himself, it also depends greatly upon the use of right and adequate means; in short, upon mental therapeutics combined with material measures.

No 'cast-iron' systems.

In the first place, then, with neurasthenics, in the greater number of cases 'cast-iron' systems of treatment turning out 'machine-made' cures stand condemned in theory and in practice. If one may say a word from practical experience, it is that the chief cause of the failures I have come across has been the ordering of such and such cure by name (involving some fixed routine and surroundings), that failed because not adapted or adaptable to the patient's special needs. Of course, wherever a doctor has any fixed system, or wishes to save himself trouble, these ready-

made expedients are very tempting; but I must here lay down as an important condition of success the making a system or treatment to suit the patient, rather than a patient to suit the treatment. It is far otherwise when dealing with any definite and well-known lesion, such as enteric fever. Here, the more of routine and fixed treatment, often the better.

Methods must be adequate.

I have spoken of the adequacy of the methods used. This adequacy must not be judged by the amount of potent drugs prescribed, or the violence or expense of the agencies employed. They may range from the most elaborate combinations of psycho-physical treatment, conducted in a well-appointed home with every possible adjunct, down to a few simple prescriptions, or even short medical talks, or a change of environment or occupation, or mere rest, pure and simple.

Nothing is trivial that cures.

No method can be decried as trivial that succeeds in curing the patient; but, on the contrary, that plan is best that arrives at this result with the least time, trouble, and expense.

No expense, however, is so expensive as ill-health, and one of the strangest of the many strange phenomena that are seen in otherwise rational people is the ungrudging way money is

spent on dress, jewels, and luxuries, and the short-sighted economy that is everywhere in evidence when it is a question of health, by which alone these luxuries can be enjoyed.

Most methods involve the use of nurses or trained attendants, or companions of some sort; and here, as I have already hinted, is a frequent cause of non-success. Doctor, patient, method—all may be right, and yet there is no cure because the subordinate agents are inefficient.

Neurasthenic nurses needed.

This is not the place to enlarge upon the reason why this is so frequent, based as it is upon the non-recognition of the great need there is for a class between the three-years' hospital-trained and starched-and-ironed aseptic nurse of the period, and the depressing mental attendants known to alienists. The neurasthenic nurse is a being yet to be evolved as a definite product, but she is sometimes met with as a chance growth in out of the way places—frequently painfully ignorant, alas! of the simplest hospital routine. The ordinary nurse dislikes neurasthenic cases, largely because she does not understand the reality of the disease in the absence of physical lesions, and partly also because in hysterical cases there is not only the appearance

of fraud, but often a perverted mental bias that takes pleasure in fault-finding, and setting the nurse against the doctor, and *vice versâ*.

It is well for the doctor to remember this, and, even when a nurse has to be changed, to uphold the nurse to the patient whenever possible, even on therapeutic grounds.

Nerve nurses are born not made.

Nascitur non fit is undoubtedly the distinguishing motto of the nerve nurse, though the 'fitting' is most necessary and useful also; but until this is recognised, and the nurses are to be had, what is the doctor to do? Well, of course, he has to cure his patient. At present, for lack of adequate help, the cure has often to be effected by his own personal influence and visits to an extent that would not be in the least necessary were our training system more adequate and really efficient helps to be had. This is all very well for patients that can pay, but is naturally very expensive. There are, of course, always the two classes of patients: those to whom the doctor's personality is essential for a cure, and those to whom it is not.

Neurasthenic treatment expensive

The outcome is, therefore, clearly this, that the treatment of all difficult neurasthenic cases is necessarily, and from causes quite beyond the doctor's control, far more expensive than that of

any other class of disease (excluding, of course, any involving major surgical operations), and far more expensive than it need be were efficient nurses to be had.

This question of nurses raises that of nursing-homes generally. In the first place, neurasthenics cannot, as a rule, be cured in their own homes, for what they one and all need is rest in some form. Now, to women home is the sphere of the greater part of their work, to the man only is it (with exceptions) the place of rest. Hence home is obviously not the environment needed for women; and for other reasons men also are cured more certainly and expeditiously away from their own family circles. This makes the nursing-home an indispensable adjunct for at any rate part of the cure.

Nursing-homes a necessary adjunct.

Now, it is not too much to say that the quality of this home largely determines the question of success in the treatment. Nursing-homes are so frequently unsatisfactory that many physicians have been driven to run their own. This has, of course, its advantages, but it has great and serious drawbacks. Of course I am here not speaking of surgical homes, or of any treatment but that of neurasthenics.

Personally, I have never been able to get over

Doctors should not run them.

the professional feeling that a physician ought to look to his fees, and to his fees alone, for payment for his services, and should not directly or indirectly run a boarding-house under any name, or share in the profits if derived from his patients.

It may, of course, be urged that a doctor can have his own nursing-home, and yet have nothing to do with its management or profits. In this case, however, it is hardly his, though his patients may go there; and of course he fails to have the perfectly free hand in dietaries—so all-important—that he has when its pecuniary management is in his hands.

It may not, indeed, be difficult to show that it is to the patient's own interest that the home should be run by the doctor, and many medical men will see no weight whatever in what I urge against making a profit from board and lodging. One can in this only speak for oneself, and for all others like-minded.

Doctor must have a free hand in dietaries.

At any rate, whether the home be the doctor's or the matron's, it must be one where the dietary is practically unlimited, where the food can be relied on to be of the best and well cooked, and, not least, punctually served with cleanliness and nicety. The rooms should be quiet and airy, and at any rate

major surgical operations should not be conducted in the home. If possible, it should have some private grounds or garden attached to it.

The matron or sister may or may not actively co-operate in the treatment, but should at any rate avoid the slightest adverse comment on any methods she may not understand or agree with. She should be prepared to change the nurse at the doctor's request till the patient is suited, and to carry out promptly all his orders.

Treatment of neurasthenia and hysteria distinct.

Finally, I must touch on one or two details which have much to do with success in these cases. Comparing the different varieties of functional nerve-disease, we may say that the treatment of neurasthenia proper and hysteria is fairly distinct.

In the former, where the whole mental system is sound, and it is the brain that is worn out physically, while rest is good, isolation is not often needed, and over-feeding and massage can frequently be dispensed with. In neurasthenia, moreover, we never fight against the symptoms, as we have to do in hysterical cases.

These latter, too, require isolation, nearly always some form of Weir-Mitchell 'cure' with massage, and probably a large amount of suggestion, direct or indirect, which neurasthenics do not.

In mental cases, however, rest in bed is by no means a routine matter, for it nearly always aggravates the disease. It is also not often of value, as we have seen, if the physique is otherwise good and sound, and the nervous system alone is overworked and weakened, as in neurasthenia.

Cases where bed is best.

It is, however, generally needed in cases of malnutrition, in diseases of neuromimetic origin, and in doubtful nerve-cases, to give time and opportunity fully to determine the diagnosis; also in severe nervous prostration, even without other physical lesions, and in all cases coupled with cardiac insufficiency.

Massage is, of course, always needed for digestive purposes to take the place of active exercise, where there is entire rest in bed. Besides this, it is of special benefit in all disorders of the circulation, in all wasting or weakness of muscles, in all stiffness or weakness of joints, in most cases of pain, in congestions of internal organs, in many forms of cardiac disease.

Uses of massage

To some, massage is a severe trial; to others, a great pleasure. It is, however, a necessity to all; but its value to some extent depends on the personality of the masseuse. She can do much to help the treatment, and not a little to hinder it. The

skill also varies greatly, and to those who dislike it this is of special importance.

Isolation most use in hysteria.

The question of friends and relatives is a difficult one, and is not answered by the simple rule of complete isolation. This is invaluable in hysterical cases, wherever it can be carried out without too much depression or irritation of the patient; but there are many cases where too rigid insistence on it means failure, either from the patient leaving in consequence, or from the bad results on the nervous system. Here, as elsewhere, success follows an intelligent combination of flexibility with firmness.

Suggestions, which come more directly under the head of mental therapeutics, can seldom be assimilated if made directly.

Suggestions and nitrogen.

We must remember one great point with regard to suggestion—that it is like nitrogen. Nitrogen is the essential element in all animal life—it forms four-fifths of the air we breathe; and yet, curious to say, we have no power to use it in a pure state. We can only take it indirectly, when combined with other substances in the form of proteid food. It is the same with suggestions. Not one hysterical sufferer in a hundred can receive and profit by them if made directly—that is, consciously; they

must generally be presented, as we have said, indirectly to the unconscious mind by the treatment and environment of the patient. An electric shock often cures slight hysterical diseases instantaneously, more particularly if it is expected to do so; acting, as it does, on the unconscious mind through the conscious.

Few can benefit by direct suggestions.

No doubt it would be easier if we could say to these sufferers, 'The disease is caused by suggestions from ideal centres, and, to cure it, all you have to do is to believe you are well'; and, indeed, with a very few this can be done with success, even in cases of some gravity, while in very slight symptoms of 'nervousness' this direct auto-suggestion is quite successful. Still, as it would be impossible for us to take our nitrogen pure from the air, the mind cannot as a rule be thus acted on directly when the brain is unhealthy: suggestion must be wrapped up in objective treatment.

Prof. Benedikt on suggestion.

Benedikt gives details of several striking cases of hysteria in which he effected a cure by psychical influence—that is, 'suggestion'—without hypnotism. The only *mise en scène* required is that the physician must have the power of impressing the patient by moral influence—must, as Benedikt quaintly puts it, be able to play the part of

'Æsculapius Tonans' with effect. He says: 'This psychical influence has a beneficial effect on the general condition of the patients. They learn to know the great importance of the connection between the will and the moral power and bodily health, and this leads them to a psycho-hygienic self-discipline. On the other hand, a similar therapeutic result obtained by means of hypnotic suggestion demoralises the patients, inasmuch as they acquire the crushing consciousness of being the passive instruments of a medical work of art.' Hypnotism is indeed of doubtful benefit in most neurotic cases. Some patients, as we have seen, and many of low mental calibre, are benefited by the direct suggestion that they are rapidly getting well; more, however, benefit by the use of means directed to combat the symptoms complained of—such as electricity, massage, drugs, exercises, etc.—which, besides doing a very great amount of good directly, do still more by the suggestions they convey to the patient's mind, and thus afford rational grounds for an intelligible cure. It is for these reasons they are included here amongst mental therapeutics. They appeal to the patient's reason, and afford satisfactory food to the mind, which finds a very natural gratification in the use of extensive and elaborate means.

Physical means as mental therapeutics.

Another form of indirect suggestion, that can only be administered by a physician who is in the fullest confidence of his patient, is that which points out the evil and the weakness and the folly of that character of mind that feeds upon itself; and that draws out the mind to altruistic and worthy objects, and thereby alters the flow of the unconscious current of thought, which has been feeding the disease all through; and thus makes the sub-conscious mind itself undo the mischief it has done.

Altering the stream of thought.

Other details important enough to affect success are the management of dyspepsia, circulation, sleeplessness, constipation, restlessness, depression, and other troublesome symptoms.

Other points that affect success.

In neurasthenia, quite as much as in hysteria, the beneficial influence of real confidence in the doctor is very marked; and when this is assured, the patient makes rapid progress, owing to its stimulating effect upon her unconscious mind.

The personal factor must bulk largely in all cures of functional nerve-disease, and its value must be recognised and used, always with wisdom and care, lest that which is a valuable aid to health be used as a crutch to support ill-health. It is here indeed that the practical wisdom of the

medical man comes in; for the mental factor and influence may, like any drug, be abused as well as used, and overdoses may drug or even poison the patient as much as opium or chloral. A moment's reflection, indeed, will show that no power so strong as the 'force of mind' can be used without due care.

Mental influence may easily be abused.

Finally, in most nerve cases, to ensure a permanency in the cure, the patient should not return to the surroundings connected with her diseased state; but mental therapeutics should still be brought to bear on her in the form of a fresh and stimulating environment. An effort should be made to find out her tastes as regards place, occupation, sports, and amusements, and the definite directions given (which should never be omitted) as to after-life, for at any rate some months, should as far as possible coincide with the natural bent of the patient's interests.

Mental value of environment.

Such then is a brief sketch in general terms of the remedies most commonly used in connection with mental therapeutics, of which I shall speak more particularly and fully in the next chapter. It may be objected that most of these are natural remedies and do not come under the head of mental therapeutics. Strictly speaking this is so,

Mental effect of natural remedies.

but in practice mental therapeutics are generally used in, and through, and with such means.

This, then, concludes my survey of mental therapeutics under the four heads of the self treatment of the patient, natural and unconscious, and artificial and conscious; and by the doctor, personal and unconscious, and remedial and conscious.

I will now proceed to speak of natural and pharmaceutical remedies on their purely physical side.

I have already touched on some of the former of these in connection with mental therapeutics, but I will now give a rather more extended list of their varieties.

Natural therapeutics used physically.

2.[1] *Natural Therapeutics.*—These, as we all know, are more extensively employed each day, and the list of remedies is ever extending. They may be roughly classed under the heads of food, water, light, heat, electricity, rest, exercise, mineral waters, climates, travel, voyages, etc., and each of these has been greatly elaborated.

Dietaries.

Take *dietaries*, for instance. Homes and doctors for all conceivable dietaries exist here and abroad, and most have large measures of success. We may live on all meat, or all vegetables, or any combination of the two; or on nuts

[1] No. 1—Mental Therapeutics has been detailed in Chaps. VII.–X.

and apples, and apple-pips; or undergo whey, or grape, or other food 'cures.'

Water is exploited in a marvellous manner. Not only is it drunk in every way and quantity and at all times, but it is used in ordinary hydropathic establishments, and in the most varied baths—soda water, mud, iron, salt, sulphur baths, etc.—and all do good. Water and baths.

Light is credited with marvellous powers; and you have plain and coloured electric baths, with arc and incandescent lights of all sorts, sun-rooms, and sun cures.

Heat again may range up to 300 or 400 degrees, and be dry or moist, electric, steam, hot air, or other varieties. Light, heat, and electricity

Electricity includes continuous and Faradic currents, high-frequency, and frictional or static electricity. This latter is very good in obstinate head neuralgias, but requires large and expensive apparatus. High frequency is very disappointing; of course its use is empirical. In some cases it does wonders, in others nothing at all; you cannot be sure. The most generally useful is the Faradic current. Electric baths of all sorts are also useful.

Mineral waters are of course a special form of water, the virtue of which consists in the mineral Mineral waters.

and not in the water, and not so much in the manner of its application as in the nature of its composition. Here again we have a truly bewildering variety of medicinal springs, to be used both internally and externally; and almost capable themselves, according to their description, of taking the place of the whole Pharmacopœia.

Of the remaining natural remedies, such as rest and exercise, food, climate, etc., I will speak further on.

Pharmaceutical remedies

3. *Pharmaceutical Therapeutics.*—There is a common impression that those who recognise the value of mental therapeutics must necessarily despise drugs. If so, I am an exception, for I do not; and though I cannot say they play a very conspicuous part in the treatment of nerve disease, I will just glance at a few.

I find strychnine the stand-by as a nerve tonic in the cases we are considering; and in many cases of depression I am disposed favourably towards it given hypodermically, two or three times a day.

Iron is often useful: so many of these cases are anæmic.

The 'nauseous gums' spoken of by Sir Russell Reynolds after all have some tonic use, though

they do not cure; particularly salts of zinc and valerian. Zinc is hardly a 'nauseous gum' but comes in the asafœtida class.

Phosphates are good; hence the value of Easton's syrup. Acids go well with strychnine. Quinine, except in small doses, is best left alone, and is seldom needed. Coca in extract or wine and also kola are useful, but the wine must be used with great care, as a habit is easily formed.

Remedies for neuralgia.

For neuralgia and head pains, antikamnia (phenacetin and citrate of caffein) and ammonol (antifebrin and am. carb.) are perhaps the most effective. Effervescent antipyrin or phenacetin is good in lesser cases. All ordinary complications require to be treated with ordinary remedies.

Mental therapy does not exclude drugs.

It must not be supposed that mental therapeutics can ever take the place of the Pharmacopœia; but each of these can do at times what the other cannot. The one does not exclude the other; both have their place.

Hypnotics also must be well studied by the nerve doctor.

Hypnotics: use and abuse.

Of course at first he exhausts all his ordinary aids to sleep. Hot bottle to feet, compress round waist, hot drink or food last thing at night, a turn in the fresh air at bed-time, hop pillow, gentle

massage, etc.; but if all fail and two wakeful nights have been passed a third should not be allowed, and I do not think the bugbear of possibly forming a drug habit ought to prevent a firm and free use of hypnotics when needed, and under your supervision.

Value of paraldehyde.

Paraldehyde (1 to 2 drachms) is most useful, quick, and uniform in its results. It does not depress, and apart from its disagreeable taste has little against it. It is specially valuable in all insomnia from excitement or depression; in short, in all forms of mental disturbance. It must be pointed out, however, that it varies in strength more than any other hypnotic. It should always be procured in small quantities quite fresh, kept in a stoppered bottle upside down, and poured out just before use only.

Trional and sulphonal take longer to act.

Bromidia is good when there is no depression, also veronal, used with some care.

Chlorobrom: value of.

Chlorobrom (a combination of chloralamide—not to be confounded with chloral—and bromides) is one of the most useful nerve-medicines we have. In half-ounce doses in water it is an hypnotic; in lesser doses down to one drachm in water, it is a most reliable and excellent nerve-sedative.

Bromidia in the same way is most useful as a sedative in 10-minim doses.

I fear there is nothing new or striking in these few remarks; but I give them, because I want it to be clearly understood that mental therapeutics does not prevent the use of material drugs. So far from being incompatible, it increases their effect.

CHAPTER XI

THE MEDICAL ADVICE

Return to the patient.

I SUPPOSE by now, after wading through four chapters in reviewing and describing our therapeutical forces, and also classifying those of the enemy, that the poor patient who has been waiting on her chair all this time is well-nigh forgotten.

It is quite time we returned to her. Let us take her, then, to represent one or two typical cases that will frequently come before us.

What is proper treatment?

We will suppose that a diagnosis of severe neurasthenia due to shock and malnutrition has been made, and a favourable prognosis given, provided she is properly treated. She naturally wishes to know of what this proper treatment consists.

A recent Society novel describes the fashionable medical 'bear' of the book as having but one resource, a nursing-home with isolation and rest —this or nothing.

To some extent I fear you must lie under

a somewhat similar imputation, for vary and disguise it as you will, there can be no doubt these constitute the sheet-anchors of your treatment in a majority of neurasthenics of an advanced type, especially when associated with malnutrition. One main line of treatment.

But your weapons, though few, are most effective, and there is nothing more certain in its result than the proper treatment of selected cases of neurasthenia. Treatment is certain.

You tell her, then, if she be unaccompanied by a medical man, or you tell her friends, that this is no case that can be cured by drugs alone; that she has run out all her force, spent her capital, and is a nerve and health bankrupt. That she must be made over again, and that too of the best stuff, while the nerves are kept in a state of physiological rest. Must be re-made.

No doubt the friends or herself will interpose here with questions about some symptoms which are sure to engage their attention unduly. But what about her dyspepsia, or pains, or fears, etc.?

In these cases I have a simile on hand that rarely fails.

They have seen a mountain stream in Scotland or Wales? When it is nearly dry the water makes The mountain stream

its way with difficulty between the rough stones that compose its bed. But look at it again after the autumn rains. It is running, bank high, with steady flow, and not a stone is to be seen.

Raise the vitality and the symptoms disappear

So it is with life. Let it run down to a low ebb, a low level of vitality, and all the weak points come to the surface, and constitute so many distinct diseases: dyspepsia, suppressed gout, neuralgias, and the like.

Fill up the stream of life bank high with fresh health, bring the patient to the highest standard of weight and fitness, and see how many stones are left above water.

Probably none. They are all there just the same, but they do not matter. No doubt if the patient were foolish enough to run dry of health again, they would all reappear. But when she is strong they show no sign.

Some symptoms may need special treatment

It is possible that one may still show a little above water. For this, then, a little special treatment may be needed. But it will be time enough to think of that when the brook is filled up.

The poor 'brook,' sitting in the chair the while, doubtless smiles hopefully at your picture, which, after all, is true to life.

'But how do you propose to fill up my "brook"

with water?' she asks. 'I've been two years like this and tried everything.'

'Well, try nothing more, as you say, but put yourself in my hands and let me cure you. Do not even try to get well.' Do not try to get well.

'But what am I to do?'

'You are to go into a nice Home, and go straight to bed and stay there till I tell you to get up. You will have perfect rest, and you will be built up anew from the bottom of fresh flesh and blood. We lose on an average one twenty-fourth part of our weight each day; so that if all parts wasted alike we should have a new body in twenty-four days. As a matter of fact it takes longer than this, and you must be prepared to stay a couple of months.' Average daily loss

'Is it your Home?' she asks.

'No, I have no home; but I have several that I use, and can give you their addresses, and you can go and see them and choose which you like best.'

'I would rather you chose for me.'

'Well, I should recommend this one. The rooms are quiet and airy and look on to gardens, and I think it would suit you best.' Choice of the Home

'But am I sure to get well, and can you tell how long it will really take?'

'I can promise nothing, but I should not advise you to go into a Home did I not believe it to be the best treatment for you. But I'll tell you what I will do. You come for a fortnight certain, and at the end of that fortnight I shall be able to tell you if you will get perfectly well and how long it will take. Meanwhile I can positively promise you one thing, by then you will be very much better than you are now.'

Patient comes for a fortnight certain.

'Is it the Weir-Mitchell cure. I've been through that, and was worse when I came out than when I went in.'

How to restore faith.

This, alas! is a common complaint now. I hardly ever see a case but what has been through some form of rest cure, and often more than once and failed; no wonder the faith in 'cures' is gone.

How can you now revive it? For it is useless for them to try again with the certainty of failure.

Not 'where' and 'what,' but 'how' and 'who.'

One often says something like this: 'It is not *where* you are treated, but *how*; it is not a question of *what* you have been through, but *who* did it.

'I am not a believer in cast-iron systems, nor in machine-made patients.

'Hundreds of patients have sat where you are sitting, but your personality has never sat there before. Cures to be successes must be handmade.

'Hence in every case I take the entire charge and sole responsibility. I do not order "a cure" and leave you to go through with it; but I look after you personally at every step and every day; and I modify and alter, and arrange all details just to suit your one case; and it is this individual care that makes all the difference between success and failure. The main outlines may remain somewhat the same, but all depends on the details.' Personal oversight essential.

'But shall I see my friends?' Question of isolation.

'That varies with every case. I have no fixed rules applicable to all. In your case you must be content to see none for the first fortnight, till we see how you get on, and you have begun to turn the corner. Till then, you must save up every bit of your nerve force and spend none in talking to friends, in reading letters, or in writing them. That is common-sense.' Save nerve force, do not spend it.

'But I shall be so dull?'

'Not a bit. It will be my care not only to visit you and cheer you up each day; but to see you have a nurse you like, books to read, pictures to look at, and some interesting light employment you can do in bed. Besides which you will be kept busy with one thing or another from morning till night.'

The patient decides to come.

In many cases some such conversation settles it. The patient has already given you her full confidence; she may have already told you what she has not told anyone before, and your manner, your decided words, and, above all, your unprofessional way of speaking to her—not *de haut en bas* with contemptuous brevity, but as one human being to another, explaining to her on the lines of common-sense what it is necessary at this stage for her to know of her treatment—have won her respect and trust, and the next question shows it.

How to win respect and trust.

'Well, when shall I come?'

This is, of course, a very simple case.

But we must consider one or two common difficulties met with.

Some will not go to Homes.

'Oh, I could not go into a Home; it would drive me mad. I cannot bear trained nurses,' etc., etc.

Here begin the troubled waters. Any craft can sail a smooth sea, and any doctor can get on when there is nothing against him; but many a one who has succeeded hitherto, loses his patience and his tact here; and, like the 'bear' in the novel, says: 'Well, just as you please; I can only treat you in a Home.'

One however to whom patience and tact are

natural, or who has mastered the somewhat prosy lessons of Chapter IX., will, if he sees the objection is very strong, at once reply:

A Home is not essential.

'Certainly, there is no need to go to a Home. I can send you to a private hotel where there are no sick people, and you shall have no "trained" nurses, but a companion without any uniform.'

Cures in private hotels.

In this way I have found treatment quite successful. One must, of course, have one or two such hotels ready, where the patient is properly cared for in every way. The details of such treatment I will give later.

Some will not leave home.

Or the patient may say: 'I couldn't leave my home. I cannot go away at all.' Here again the question arises, Are you prepared to do the best you can for your patient, or will you only do what *you* think best, or else nothing at all?

No doubt a well-conducted Home is best, but an hotel may be very good.

The patient's own home, however, is well-nigh impossible, but not quite.

A home cure is not quite impossible.

'Yes,' I have replied to more than one, 'you can stay at home, but all the rest must leave,' and they have done so, except the servants, and the result was success.

But I have lately had one or two cases that

I admit are exceptional; where the children have been sent away and only husband or wife or one friend has remained, besides the nurse in charge.

The wife as nurse.

I have also conducted a case that did splendidly, where the wife carried out the treatment on her husband almost as well as a nurse.

Now many doctors would have refused to undertake any of these cases; and if you do otherwise you must make it quite clear that the prognosis may be modified, and that you can take no responsibility.

Better to do something than nothing.

Still, how much better is it to do the best you can, than nothing at all. But, alas! there are even worse cases than these.

There are those who cannot afford the cost of the treatment, which admittedly is the most expensive treatment known in medicine, with the exception of capital operations.

Great cost of treatment.

It is not due alone to the great cost of a good nursing-home; but, if success is to be assured, the constant medical attendance and personal oversight that are essential.

You will get many who cannot pay these charges; ranging as they do, inclusively, from fifty to a hundred guineas per month in bad cases.

You will get patients who could not pay the

nursing charges alone, even if you gave all your own services gratuitously.

These patients can do nothing but live at home, but they are quite willing to do all they possibly can there. Some cannot afford it.

As a rule such cases make no progress, and are not to be encouraged.

Far better with most to make the inclusive charges as low as possible, and get them to obtain the money from some relative or friend. This they often can and do when they see there is no other way. There is, however, a minority who succeed even at home, but it is slow and tedious work when much weight has to be made up. Success may be possible at home.

With the best of patients, who conscientiously carry out all you say, and who will come and see you regularly till well, once a week or fortnight, you may consider that a month at home is only equal to a week at a Home.

Generally those that begin get tired long before a satisfactory or a permanent result is attained. One or two go on, and come out triumphantly at the end. But few attain it.

It is needless to say that no case of severity can be so treated.

Turn now to another variety of the same class of case.

Stout neurasthenics.

These are not thin but fat, or it may be normal. What are you to do with these to cure the neurasthenia? They are, of course, not so easy, nor is the prognosis so certain as with the thin ones, for there does not appear such a prospect of physical improvement.

Still, they must have rest, they must go to bed without the feeding, or perhaps with a thinning diet, and the whole treatment, save the rest, modified.

Value of bed.

Bed is so admirable in nerve cases for several reasons.

1. There is the physical rest.

2. There is the psychical rest of being in one room without distraction.

3. There is the great opportunity of getting to know the patient, her mental background, the hidden obstructions to recovery, and removing them, infusing hope and good suggestions, and energising the mind to stand the treatment and overcome its difficulties.

Nervous irritability.

But leaving nervous debility, which may or may not be associated with hysteria to any extent, let us consider the treatment of nervous irritability.

If this be associated with great loss of weight

and distinct malnutrition, a similar treatment (somewhat modified) to the last may be adopted.

But if not, the patient cannot be put to bed, nor is electricity, at any rate the Faradic current, generally useful. Massage may be good, but the general line of treatment here lies in taking the patient quite away from her ordinary surroundings and putting her in some quiet place with a skilled and experienced nurse-companion, with steady employment at low pressure, until the nerves are stronger and quieter; and then may come travel or a restful voyage. Irritable nerves are not all soothed and strengthened by the same means, and here there is great scope for tact and judgment to know what is best. It is often a matter of experiment before the right kind of treatment can be determined in detail.

These patients do not require bed.

Right treatment often found by experiment.

All this, or as much as you think judicious, must be set before the patient, together with the necessity of prompt treatment, which in her case is imperative, as the irritable condition is nearly sure to go on to exhaustion and true nervous debility.

This irritability may take the form of definite chorea.

Chorea possible.

Be careful what you promise in these cases if they are very chronic.

Neurasthenia with depression.

Another variety of neurasthenia is when the depression is a marked feature.

I am not speaking of true melancholia, which is a distinctly mental state, but of that which comes short of it. The depression may be profound, but through it all it is clear that the mind itself is not seriously affected.

At first sight it seems obvious that bed is the worst place for these patients, and I still think that in many cases such treatment must only aggravate the disease.

Rest suits some cases

But *experientia docet*, and I have in my mind several instances where the rest in bed seems at once to relieve the depression, and this treatment proves the best. Of course everything must be adapted to the case—the home, the room, the nurse, and the routine. Still the fact remains that such cases are not infrequently cured in bed, more especially if there is marked malnutrition as well. But even without this I have seen success.

Your best plan is to say she must come to the Home and rest in bed for a day or two, till you discover what form of treatment will suit her best.

In all these cases of debility, irritation, and depression you will have special symptoms to combat, sometimes of a very trying nature. In-

somnia, neuralgia, dyspepsia, constipation, are amongst these.

Cases of neuro-mimesis.

I must not leave this preliminary survey of treatment without a consideration of those special cases of functional nerve-disease that so exactly simulate organic disease from their perfect neuro-mimesis, or possibly are actually a mixture of functional and organic disease.

You have a case with a paralysed and somewhat wasted leg or arm. You have deafness, diplopia, mysterious pains and swellings to deal with, and you are perplexed.

Look out for organic disease.

Always adhere to the golden rule never to treat as functional nerve-disease anything that could possibly be something else; and even when you are convinced that the case is one of neuromimesis, do not say so rashly, but in all these borderland cases of possible functional and organic disease take up the position that you believe it is principally due to nerves, but that you must have the case for a fortnight, and then you will say definitely. Give this verdict authoritatively, for undecided verdicts *given decidedly* have great weight.

Serious surgical mistakes;

I have known one of the most brilliant men in London cruelly deceived in such a case declared by him to be, and treated vigorously as, hysterical

hip-disease, and afterwards proved by Röntgen rays to be a dislocation. On the other hand, I have had a case brought to me of want of power in the leg, and proved to be a case for immediate amputation from the presence of a malignant osteo-sarcoma as shown by the rays. Careful examination revealed the fact that the tumour was a figment conjured up in the picture by a dirty glass-plate, and the leg was saved.

Condemned leg saved.

On the whole I doubt not more evil is done by mistaking functional for organic disease than *vice versâ*. Still, it is a dreadful thing to hold out hope of a speedy cure in cases of incurable organic nerve-disease (spinal or otherwise).

A preliminary fortnight saves mistakes.

You get a fair chance of avoiding these mistakes if you make a practice of demanding a fortnight under treatment before the final verdict is pronounced.

Nervous and mental disease.

More insidious still, but not very common, is the indefinite mixture of nervous and mental disease.

There is generally a something which acts as a danger-signal in such cases. An incoherence, a *non-sequitur*, a dogged silence, or a vague loquacity that makes you suspicious; but even if so, the fortnight's grace gives you all the needed time for a true view of the case.

As a rule I do not find it difficult to get patients to consent to this if put to them from a common-sense standpoint. People, I think, are mostly reasonable when you treat them reasonably; and they are quite competent to understand and appreciate a medical difficulty and, I think, believe more in your honesty and even in your skill if you do not quite pose as an oracle. At times, of course, with certain people the reverse obtains; here again your discernment is needed.

Reasonable treatment makes reasonable patients.

Do not pose as an oracle

Besides the varieties I have enumerated, you may get cases which are really purely mental (mistaken for nervous) and also cases purely organic. These, of course, you either send to the proper men, or you treat after having given a clear diagnosis and prognosis of the case.

CHAPTER XII

THE REST CURE

Importance of first interview.

It has taken eleven chapters to dispose of the first interview with our interesting sufferer, on account of the many explanations and side issues that have had to be given and discussed. The whole of the rest of the patient's history will not take half so long, now that we have thus cleared the way.

May make cure impossible.

It would be well if my readers drew a moral from this as to the enormous importance of the first interview over all others; it being the time when cures may be made possible or impossible, according to the way it is conducted.

The patient is now meekly lying in bed in a nursing-home, awaiting your first visit there. Perhaps it is due to Dr. Weir Mitchell, who first made such treatment of patients possible, to consider first of all what he says on the subject.

Dr. W. Mitchell on the rest cure.

I will therefore postpone my own views, which I will give at some length, to quote what Dr. W.

Mitchell, of Philadelphia, thinks on the subject. He says that 'many of the graver cases of hysteria and neurasthenia, which exhibit nervous instability combined with physical weakness and with the moral defects of hysteria, react well to the rest cure when organic disease is absent.' From a somewhat extensive experience he summarises the symptoms he has observed. 'The most troublesome symptoms are headache and backache, tenderness of the spine and ovaries, insomnia, and chronic fatigue. Anæmia, loss of appetite, and emaciation are also present in varying degrees.' The treatment is summarised thus: '(*a*) The patient is placed in a private house (according to his means), and is best if away from home; the room being sunshiny and freely capable of ventilation. (*b*) The nurse should be preferably young, of agreeable manner, and a stranger to the patient. She should never converse with the patient about symptoms or treatment. She should be able to read aloud. (*c*) Isolation is most important, and the more distinctly hysterical the disease is, the more strict the isolation must be. "No letters are sent or received. No visitors seen, and but three or four persons enter the room—the nurse, the physician, the masseuse, and the servant." (*d*) In ordinary cases

The most troublesome symptoms.

Summary of treatment.

The nurse and isolation.

six to eight weeks of isolation are long enough, after which a single visitor may be allowed. Letters may then be received or written in the way of reward for good conduct. This long isolation is necessary to break up radically the habits of long invalidism. (*e*) Rest, at first ill borne and irksome, is well borne after a week. At first feeding should be done by the nurse, and the patient overfed. All voluntary movements should be forbidden, except getting up for the bowels, etc.; the circulation and thinking are thus kept at a low level, and one result soon observed is the improvement of the ability to sleep. (*f*) Diet: milk in small quantities is given every three hours, skimmed, if ordinary milk is not tolerated. On the fifth day of treatment a chop or steak at midday is given. From the sixth day onwards bread and butter and eggs are allowed; if milk is badly borne, broth and jellies will give satisfaction. (*g*) Massage: a separate masseuse is desirable. Massage should begin on the third day with light massage lasting twenty minutes, and increasing daily to deep massage lasting one hour or more. If the patient is obese, long and deep massage is good, a second rubbing of the abdomen and spine by the nurse before sleep is helpful. At the end of the first week of treat-

Rest and diet.

Massage and electricity.

ment, the patient will begin to put on weight, but if this goes up too fast, massage is not thorough enough, and should be increased. Oil is not necessary to aid massage. (*h*) Electricity: the slowly interrupted Faradic current should be applied to the 'motor points' all over the body, so as to contract every muscle two or three times. This should be continued for three-quarters of an hour. (*i*) Constipation is treated with aloes and strychnine pills, and for specially refractory cases hot injections of castor oil *per rectum* may be given. (*k*) Insomnia is diminished by massage before bed-time. Hypnotics should be avoided, and the wet pack or abdominal compress first tried. (*l*) After the first week the patient is allowed to sit up fifteen minutes, the next day twenty minutes, etc. In a fortnight he is allowed to walk in the room after passive movements of the legs have been carried out; Swedish movements complete the exercise and the cure.'

Constipation and insomnia.

Convalescence

This *régime* is perhaps as good a one as could be devised, with some exceptions,[1] but I do not

[1] Personally I commence solid food much sooner than the fifth day I do *not* value broth or jellies in the cure at all; I begin massage sooner; I give it twice a day instead of once; I find that many cannot bear such severe electricity as to contract all the muscles, also that constipation can be cured without medicine.

believe in any fixed routine, and the above has to be widely varied in different cases. You cannot set a rudder to steer a ship across the Atlantic, nor can you set with success one fixed course for all nerve patients. For instance, I may point out that a neurasthenic patient as a general rule is worse by fighting symptoms, and yet is always willing to do so; while an hysteric is better by so doing, but generally unwilling; the same rules cannot therefore apply.

Cases benefited by rest in bed.

Turning to my own experience in the rest cure, I find that rest in bed is indicated as the first step in *all* cases of nervous debility, exhaustion, or breakdown, cerebral and spinal neurasthenia, malnutrition, hysteria, and neuromimesis, with all their varying trains of symptoms. Also in *some* cases of nervous irritability, depression, mixed organic and nerve disease, mixed mental and nerve disease.

The rest in bed is accompanied with some or all of the following—food, massage, electricity, mental therapeutics, nursing, occupation, isolation. I will consider these eight points very briefly.

Rest in bed described.

1. *Rest in bed.*—This should be absolute, generally from a fortnight to a month—*i.e.* the patient should only get up (if ordered) to her bath and for daily relief. The bed should not face the

light, but preferably be sideways to the window, so that the patient can look out if she wishes, and yet has a good light on her book or work. The bed should be comfortable, and this should not be taken for granted but ascertained. (In a nursing-home nothing should be taken for granted at first.) The sheets, pillows, springs, should all be what the patient likes. I have had cases who had no rest till they had their own pillows and fine cambric-sheets from home. In these cases nothing should be accounted trivial. A little table, bright with the patient's household gods, should stand near. The room should look as little like a nursing-home as possible. Flowers about, and a little untidiness and an absence of that aggravating squareness and aggressive cleanliness of the ordinary surgical home, is helpful. The room should be capable of being stamped with the individuality of the patient, so as to have a 'homey' feeling. It should be bright, airy, and yet quiet; and the quiet should not be merely as regards noises outside, but inside the house. I have known many cases marred for want of attention to this latter point. There should be no sounds or news of operations, etc., conveyed to it, nor any smell of chloroform or disinfectants.

Arrangement of the room.

No noise or kamptulicon.

I myself like carpet on the floor; at any rate in part. I do not think kamptulicon is ideal for a bedroom, and we do not want antiseptics here.

The artificial light should be good, and bright near the bed for reading. A shaded candle or electric light should be available in the night if wanted. The nurse should not sleep in the room, save in special cases.

No rigid rules in the Home.

The rules of the Home must not be so rigid that the breakfast is necessarily at eight, or indeed at any fixed hour. The patient must not be waked for the grate to be cleaned, etc. In short, the rules and the Home must fit the patient, and not the patient fit the rules. If the case is soon to get up and go out a little, the room should not be up too many flights of stairs.

Four varieties in food.

2. *Food.*—This is required, whether the case be 'Weir-Mitchell' or no. There are four sorts of cases as regards food: those that require ordinary diet only, those that require excess of ordinary diet, those that require less than ordinary diet, and those that require special dietaries. I will take these in order.

Few require ordinary diet.

Those that require ordinary diet.—These are in a great minority. It is seldom you get a functional nerve-case where the nutrition is not

wrong, and nearly always defective; in a few cases there is an excess of unhealthy tissue, but the condition is seldom normal. When it is, the food should always be well cooked, served hot and punctually, with sufficient variety. The breakfast should be appetising, with nice bread, toast, good butter, cream, marmalade, etc. The lunch should be the principal meat meal, with abundance of good meat and fish, vegetables and bread, and good milk or suet or other puddings, and some good fruit.

Punctuality and variety.

The afternoon tea should be well made, with nice bread and butter, and cake and cream.

The dinner should have soup or fish, lighter meat or fowl or game, and vegetables and nice puddings.

Tea, coffee, or cocoa for breakfast, water or light wine for lunch and dinner, and in some cases coffee after dinner.

A well-mixed dietary should not be departed from without special reasons.

Always give a well-mixed diet.

Then there are *those that require excess of food.* These are three-fourths at least of your cases, and it is in these you require the greatest skill.

The best plan is always to give nothing whatever

At first only milk.

at first but a good half pint of milk, hot or cold, and diluted if wished, every two hours; with no food besides except a dry biscuit, if wished.

This may not agree with all, but it will with most, including many who declare they cannot take it. If it does not agree, add limewater or use Horlick's malted milk, or peptonise wholly or in part at first; but never rest until you have got 2 to 3 quarts of ordinary milk taken daily. This is your foundation-stone.

Carno-maltine.

The next thing to add, I find, is a concentrated meat-juice, digested by acid in the cold from beefsteak, at the rate of 2 lb. daily to make 1 pint of the fluid. This may be divided into four portions and treated as follows: A quarter of a pint in a coloured glass, flavoured with salt or celery-salt, with a tablespoonful of extract of malt, and then whatever medicine is being given (generally some form of strychnine and iron) may be added to it. The whole is called by me 'Carno-maltine,' and by my patients 'Corpse-reviver.' We now have a basis to which foods, properly so called, can be added.

One meal extra each day.

This is best done at the rate of a meal a day, after twenty-four to seventy-two hours of the liquid dietary—that is, breakfast first, and afternoon tea;

breakfast, lunch, and afternoon-tea the next day; breakfast, lunch, afternoon-tea, and dinner the next day; and finally, breakfast, lunch, afternoon-tea, dinner, and supper.

This last should be taken at ten or half-past, just before going to sleep, and should consist of a pint basin of bread and milk, or Quaker oats, or Force food, or Grape nuts, or Benger's food, or suchlike preparations.

Quantities slowly increased.

The quantity at each meal should be small at first, but slightly increased each day—steadily and systematically, and yet with discretion.

If a bilious attack or anything intervenes, *at once* it should be lessened, or a meal omitted, or in extreme cases return to milk only, and start again. It is the perseverance that succeeds, combined with wise forbearance when necessary; in short, from first to last, it is 'management.'

Patient should gain ½ lb. each day.

The idea is that the patient should gain in weight, after the first day or two, not less than half a pound a day, or 3½ lb. a week, or 1 stone per month. It is not advisable to try to go faster than this, though, if the patient does so with ease, no harm is done; neither should the patient go slower; but, if she does, and does not mind giving double the time to the cure, the results

are quite satisfactory. On an average a patient requires to put on from 1 to 2 stone.

If not bilious, one, two, or three eggs a day can also be given, beaten up in the milk.

Small game, jellies, clear soups, and such foods should not be given. They add no weight.

Less than ordinary diet.

We must now consider *those that require less than ordinary diet.*

I cannot do better than recall a case, for they are not very common; and personally I never look on a stout person with functional nerve-disease as hopefully as on a thin one. We must remember these patients want thinning and strengthening, with (for the sake of the nerves) entire rest in bed.

Salusbury diet in some cases.

Of course the Salusbury diet (if the kidneys are quite sound) accomplishes this, and I have used it in some cases. But the diet of minced beef and hot water is so unnatural and to many so repulsive after a time, however well cooked, that one does not resort to it save in case of need.

In the case I allude to I gave 2 quarts of milk, not skim, which retains a lot of cream, but separated, which has all the casein intact, and no cream whatever. I gave a diet of meat,

green vegetables, one slice of hard thin toast, tea, stewed fruit, with saxin for sugar all through, the patient to lose half a pound a day as a maximum (not a minimum as in the thin case) until the proper weight was reached. I took in this way nearly 3 stone off a young girl of twenty, keeping her strong and well all the time. In many cases the result can be attained simply by a reduction of ordinary diet, and as this is generally successful in light cases I have included them under ordinary dietaries.

Patient to lose ½ lb. each day.

Lastly, there are *those that require special dietaries.*

Special dietaries

These are the rheumatic, the gouty, the diabetic, the dysenteric, nephritic, and other cases.

In the first two you may often with advantage humour the case for a time by eliminating beef and sugar, but you can never regard these as cured until an ordinary diet can be assimilated. A person permanently on a special diet is not in health, strictly speaking.

No cure till ordinary diet is resumed.

I do not think I need here describe the special dietaries required in each case, as these form rather a part of general medicine, which I do not wish to touch in this monograph.

I merely call attention to the fact here that the

cure of functional nerve-diseases when mixed with organic disease may require special dietaries, in their earlier stages at any rate; and these ought, therefore, to be given.

But, as a rule, in all possible cases the ordinary diet of a healthy individual should be given, the only difference being in the quantity.

I am quite aware that an easy path to a so-called cure is found in eliminating from the diet what causes dyspepsia or 'uric acid.'

Pandering to a weakness does not remove it.

But I term the cure 'so-called' because I do not think it is really a cure when a weakness, as dyspepsia or uric-acid formation undoubtedly is, is *pandered to* instead of being removed.

To my mind a far better way is so to strengthen the nervous and digestive systems as to overcome these disabilities, and force them to do what they could not do, and thus make them digest ordinary food instead of cutting it off.

Special dietaries often do harm.

I am the enemy and not the friend of fads in the way of diets, and I consider great evil has been wrought, and nervous dyspepsia made permanent in many cases, by the easy plan of writing out special dietaries.

As a rule we have nothing to do in functional nerve-disease with febrile attacks. Should these

occur, of course liquid food only must at once be given.

We may now leave food and pass on to the next feature of the treatment.

3. *Massage.*—This is necessary in all cases, but not always for the same reason. It is primarily given to digest the food. The tradition on which it is based is that two hours' massage a day is equivalent to walking nine miles, and a person should walk about a mile a day for every stone she weighs. I have never known on what calculations this is based; but, anyhow, two hours a day is the full amount ever given. Massage varies very much in quality, besides being of two distinct varieties—Swedish and English. There is no doubt in my mind (nor I think in anyone else's) that the Swedes are the more thoroughly taught, the more workmanlike, and the more efficient, but the English are often gentler, more amenable, and able to exercise greater mental influence as well. I find, practically, that some much prefer the Swedish, others the English form, and both do well. Having ever before me the great influence of the mind over the body all through this cure, I am of opinion that, providing both are done thoroughly well, that system will answer best

Massage.

A mile a day for each stone.

Swedish or English massage?

Patient should like the masseuse.

where the personality of the masseuse is most agreeable to the patient. I fear this sounds, like much else, rather unorthodox, but it is founded on long and wide experience. Where there are special symptoms, such as weak muscles, wasting, heart and liver troubles, etc., the massage must be specialised, and special movements and exercises added to it. Perhaps the most useful of these are the 'Widerstandung Gymnastik,' or the resisted exercises, of which there are a great variety—with either the patient resisting the masseuse or *vice versâ*—and which range in importance from the bending against resistance of a single finger-joint to the flexion of the thigh or the whole body.

Resisted heart-exercise.

The effect of the massage, general or specialised, will of course be carefully watched by you; and speaking in general terms, if the bowels become regular, all the food be digested, and the patient gain strength and like the masseuse, you have every reason to be satisfied.

The value of electricity.

4. *Electricity.*—Here I want to give those who wish to manage a nerve patient in the most effective manner a most important hint, and it is this. I have said enough already to show how much I think a wise physician can do himself to assist a nerve patient to use her unconscious mind to over-

come her weaknesses when sufficient physical rest and strength have been given.

Indeed you will find all through the treatment, in my opinion every day, that your presence, words, counsel, and encouragement are really large factors in determining the cure.

How best to give mental treatment.

Now it is awkward to come daily to sit by a patient and simply talk, with nothing whatever to do. Your medical inquiries and instructions do not take long. What you want is opportunity for quiet talk with your patient, both to get at her mind and make her understand yours. Here electricity comes in as a perfect boon. It is well, therefore, *never* to let a nurse or masseuse give it or speak about it, and to keep it absolutely in your own hands. The electricity that is most generally useful is a slowly interrupted Faradic current of as much strength as the patient can bear without pain, given all over the body, which for this purpose is divided into six parts—four limbs, stomach, and back. The two well-wetted (salt and hot water) rheophores can be used, or the wet pad laid over the solar plexus, or on the lumbar spine, and one rheophore used. It is well to have the nurse out of the room but within call. You have now your opportunity. You are giving the patient

Electricity gives something to do.

The body divided into six parts.

Physical and psychical treatment combined.

treatment which she can understand and appreciate; but at the same time you can help her mind immensely to aid her body. More than that, you can in many cases so alter her outlook on life that she will not relapse when she leaves you; you can also help her to help herself. But I by no means think that the importance of electricity consists only of its mental value, or the opportunity it gives for wise counsel. It has been shown to have a marked effect on muscular tone, on the circulation, and on the nervous system, all of a beneficial nature. Rightly used I consider it, in the triple way I have stated, one of the most useful agents we have. But all depends on the physician taking his proper place as the healer and the inspirer, and recognising that the chief factor in the cure is not the rest or the food, the massage or the electricity, but in many cases himself.

The physician is the healer.

Maintain lofty standpoint.

It is perhaps as well here (though one would hope it unnecessary) to point out in the strongest way the absolute necessity while using such powers of maintaining, naturally and without effort, the loftiest moral standpoint, with a single eye to the patient's recovery; and an absolute determination to let no factor enter into your intercourse with her but what is distinctly of therapeutic value. This

by no means limits your conversation to medical subjects, which are often of no therapeutic value at all.

Physicians have ever maintained a lofty code of ethics in these matters; but it has been made easier in ordinary cases by an aloofness from personal interest in the patient, and a heavy professional air. All this defensive armour must be laid aside if you yourself are to help the patient; hence, all the more earnest and constant watchfulness and care are needed that the freedom of the intercourse on which its power and success depend should never degenerate into familiarity or licence. Here I think comes in the force of Professor Nothnagel's dictum, 'Only a good man can be a good doctor.'

No defensive armour in nerve cases.

No familiarity or licence.

5. *Mental therapeutics.*—I have just spoken of these at great length in Chapters VII. to X. As a matter of fact we must recognise that nearly every physical agent—rest, massage, electricity, medicine—has a psychic as well as a physical force; and these, with all the suggestions directly and indirectly flowing from the physician and the nurse by their words and personality, constitute the mental therapeutics in the case.

All remedies have psychic force.

In the case of hysteria, where the mimicry is

caused by the unconscious mind, mental therapeutics are applied by the indirect suggestion of means of an expressive nature directed ostensibly to the mimicked disease; as well as, when they can be borne, by direct suggestions to overcome it by will power, etc., and these are the cases where the cure is often so rapid as to be like a miracle. Hysterical aphonia, aphasia, dysphagia, diplopia, deafness, loss of taste and smell, paralysis, anæsthesia, hyperæsthesia, are each and all often cured at once by means sufficiently impressive and powerful to reverse the action of the unconscious mind.

Reverse the action of unconscious mind.

I am purposely giving very few illustrations, but I may be permitted three here:

Hysterical aphonia.

(1) *Hysterical aphonia.*—Patient, a lady, lost a situation of 300*l.* a year through it, and came to be cured. Powerful currents over larynx produced a clear vocal 'Oh!' At various sittings these 'Ohs!' were directed to be pronounced A, B, C, etc., and soon words were formed and speech restored.

Hysterical dysphagia.

(2) *Hysterical dysphagia.*—Old army man could swallow nothing but nuts of sorts. All other food, even soup, rejected. I went to lunch with him and laid by my side a $\frac{1}{2}$-inch bougie 2 feet

long to pass down into the stomach and 'make a passage' for each course that could not be swallowed. Two or three sittings made the cure permanent, the bougie being passed only once.

(3) *Hysterical abdominal tumour* in middle-aged woman at London Hospital.—Under chloroform of course this disappeared, but returned at once when conscious. The patient was therefore anæsthetised and then tightly swathed in plaster of Paris bandages which set hard. On awakening, her unconscious mind was physically unable to reproduce the swelling. No doubt, if removed then it would have returned. But the bandage was kept on a month, by which time the mind got accustomed to the 'cure,' and did not reproduce the tumour. Hysterical tumour.

6. *The nursing.*—If this factor in the case goes wrong, the patient will very likely not be cured. The nursing.

You are surprised in some cases to find you make no progress physically or psychically; and then you discover that the nurse has been secretly undermining your influence. Do not think this impossible, because it is not at all uncommon. This is one reason for having the nurse out of the room when you chat to the patient. You have an opportunity then of hearing the patient's real opinion

about the home, nurses, etc., which is always good to hear, but need not be heeded. But you will soon find out if the nurse is really loyal. Of course when she is not I do not for a moment think it is necessarily from any bad motive. She very likely does not understand your methods or aims; and therefore regales the patient with stories of the much wiser methods adopted by other doctors. It may be all well meant, but is none the less pernicious, and hinders the patient getting well. Always be sure the nurse is absolutely loyal, not for your sake, which matters little, but for the patient's. I have already said a good deal about nurses, and therefore need not repeat the qualifications of a nerve nurse here.

Nurse must be loyal.

In most cases it is a great advantage to have a special nurse; that is, one who has no other case to look after. This gives her at once an interest and an importance that make her twice as attentive to the welfare of the patient, besides having much more time to read, play games, etc.

Value of special nurse.

The more a nurse enters into the psychic side of the treatment the better; for, after yourself, she can use it the most powerfully; only be careful how you speak to her much about it, as it is so little understood at present that you are liable to

Good nerve nurse hard to find.

be misrepresented. A loyal and intelligent nerve nurse is of great value, and far rarer to find than an ordinary medical or surgical nurse.

You may have to change a good nurse.

It may be, of course, that the caprice of the patient obliges you to change a nurse who is perfect in herself. Still there are times when this must be done for the patient's good, but there are others where it must *not* be done, for the same reason. It is for you to decide, without fear or favour. Never, never let your consideration for the matron, the nurse, the masseuse, and the friends, and least of all for yourself, obscure for one moment your single object of curing the patient. Always and in every way consider her first, which does not by any means involve always giving in to her.

Occupation.

7. *Occupation.*—This is a matter the importance of which varies much with the individual case. Some occupy themselves; with others it does not much matter whether they are occupied or not.

But in all cases of excessive introspection, of depression, of excitement, constant occupation for the mind must be found. Books, papers, pictures, are of course available. Then there are all the varied occupations possible in bed, every one of

Occupations for bed.

which I have used at different times. Knitting, embroidery, lace work, string work, wool work (waistcoats, slippers, etc.), netting, fine and coarse for fishing-nets, pillow lace, artificial-flower making, paper-hat making, dressing dolls, making scrap books and albums, raised Braille-type books for the blind, sketching, making fancy articles for bazaars, making mats and rugs of wool, patchwork quilts, have all been used at times. Also all sorts of games can be played with the nurses.

A regular teacher is good.

As I have said, some patients give no trouble, while with others you have to exert the utmost ingenuity to keep them busy. It is best to have a teacher in these cases who will give definite lessons at stated times, and insist on so much practice each day. With these cases everything must be done by rule, and the time-table must not only include all food, etc., but all occupations. Success in finding an occupation in which the patient takes a real interest is of the greatest value in the cure; and no trouble is too great to succeed in this respect.

Mechanical exercises daily.

Other employment is in stated exercises for five or ten minutes night and morning with a Terry's (steel-spring) or Whitley's (rubber) exerciser, or one of Sandow's, such as his 'symmetrion.'

Isolation.

8. *Isolation.*—This is the last detail connected with the rest cure, and must not be dealt with, any more than any other, on hard-and-fast lines. In all cases of hysteria proper, of exhaustion and true nervous debility, it is absolutely necessary for from a fortnight to a month. In many others it may be advisable. When complete, it involves an entire severance from the outside world: letters, callers, messages, being all forbidden. In lighter cases of other varieties of nervous disease, it need not always be complete if objected to. If not objected to, it is nearly always best to seclude the patient.

No hard-and-fast rules.

Wise friends sometimes helpful.

The only instances where friends are helpful early in the case at stated times, are when all attempts at employment fail, or the depression is very profound; and when a discreet visitor can be relied on to amuse and distract, and not talk about ailments. But it is not often that the nursing staff is unable to cope with these difficulties without outside help. It happens, however, sometimes, and just shows the folly of cast-iron rules.

Always store the nerve force.

Your golden rule is, of course, to conserve all nerve force, and not let it be spent, even pleasurably, on relations and friends.

In many cases the patient at once begins to

improve when isolation is enforced, and never could otherwise.

In others it is impossible. The patient would not come at all if separated wholly from mother or husband. Many doctors refuse cases on these terms, but I have cured many where the mother has come every day, or the husband. The latter is *most* undesirable, but does not always make cure impossible, as is often supposed.

Sometimes, if the relation may come the first day or two, he can be cut off after; but wherever possible the best plan is a clean cut from the first.

No letters. Letters also must neither be written nor received.

In regulating all these cases, where any objection is made the best plan is, as before, to say: 'Well, anyhow you'll keep quite quiet for a fortnight till we see how you get on, and then we can arrange for you to see a friend, if you have turned the corner.'

What visitors to see. When in your judgment friends may be seen, the golden rule is, the patient is to see only those *she* wishes to see, not those who wish to see her. At first one visitor in the week, then oftener, and then longer at a time—all depends on the case.

Make the patient understand and feel that every regulation is made expressly for her, and is not a part of a preconceived routine.

Of course you sometimes have patients who *must* write some business letter, or see someone on business. If it must be, it must. Therefore allow it, but give them distinctly to understand that they must be prepared to stay on a little longer to make up.

One visitor at a time.

It is not good policy ever to allow more than one visitor at a time. It is very wearing for a patient to be one of three.

The afternoon is, of course, the time for these visits.

These scattered hints are elementary, but may not be wholly useless; as in these cases it is the small details successfully arranged that lead to great results.

CHAPTER XIII

THE PROGRESS OF THE CASE

Description of actual patient.

THE patient is in bed, and I have described at some length the general agents of the rest cure. It remains for me, in accordance with the plan of this book, to give a description of it in the case of an actual patient.

You begin the treatment of this patient by stopping food of every description and ordering her, while she is awake, a good half pint of milk every two hours, hot or cold, with or without soda water. You chance the first night's sleep. You then take down some further particulars of her case, and you start a book for her at the time, in which outlines of the case and treatment can be entered, and also summaries of food, weights, etc.

Daily visit or oftener.

In an ordinary case you come every day; if at all fidgety, on Sunday as well. If troublesome and kicking against everything, then twice a day, at any rate for a time; while some develop such bad

symptoms or are so difficult, that three visits daily are needed. In practice I find that six patients in bed at a time, of average difficulty, are enough to use up all one's spare nerve-force, if one is really to do them justice.

Six patients enough at a time.

You must enter the room conscious of being full of vigorous nerve-energy. A sensitive patient can tell in a moment when the virtue has gone out of you, and to come to a nerve patient limp and tired is useless; and if the patient is plain-spoken you might be recommended to go down and have a glass of wine and half an hour's rest, and then come up again!

Do not visit when tired.

You will find when the cases have turned the corner and are doing well, and are near together, you will not be able to see more than three in the hour; whereas at first, and if at all difficult, you will not see above two. I think it fair to consider any time required up to and not exceeding half an hour as a visit.

Well, next morning you arrive and hear the patient has a splitting head, has brought up some of the milk and only had about two hours' sleep, and is generally discouraged. You have before you now at least two courses, and a great deal depends on which you will take. Here is an occasion for

Two ways of facing a bad start.

the highest medical tact; for the point turns on whether the patient can, here and now, receive direct suggestions or not. If the nervous system be not much exhausted and the case not very bad, and she has great faith in you, the chances are she can. In this case, having full knowledge of her condition—for it is a golden rule never to enter the patient's room without obtaining from the nurse a clear idea of her physical and psychic state—you enter the room with an engaging smile (not too engaging), in your best Mark Tapley vein. You pass over with airy grace her complaint, you boldly assure her it is nothing, only a common and almost necessary preliminary to a perfect cure, you fill her with good suggestions; she assimilates it all there and then, forgets her troubles, and you leave her radiant. You make no change in her diet, relying on these good suggestions to overcome any difficulties.

1. Make light of it, and allow no change.

But she may be very exhausted and a bad case, and would be quite unable to respond to this from her condition and her nature. Here, then, your conduct is quite different. You enter the room with grave and sympathising face (not too sympathising), you forestall complaint by telling the patient you have heard all about the bad time she

2. You sympathise and change diet temporarily.

has had; you make worse of it than even she would, until, surprised and pleased at your sympathy, she assures you it was not quite so bad as that; and then you concert together as good friends what to do. Remember most of these patients are old hands with doctors, and quite accustomed to authority and the *ex cathedrâ* style, and resent it. You know your own mind just as much; but with these cases you go to work quite differently from, say, a pneumonia case. You *must* get her complete confidence here, if a little later on you are entirely to change her outlook on life which has kept her an invalid for years; and also so influence her unconscious mind as to energise it for good. Your care is always to appear to agree with her, or at any rate to be careful to get her to agree with you, by putting her on an (apparent) equality with yourself in a way that you would not think of doing in another case.

Agree with her, and she will agree with you.

Your whole attitude is: 'I understand you, and want you to understand me.' There is no doubt that in these cases the doctor's whole manner and treatment must be highly specialised to be successful.

Nerve cases require specialised manners.

Your sympathy here leads to action. The milk is therefore at once peptonised (partly) or

changed to Horlick's malted milk (partly). (Part of) a sleeping-draught is to be given at night, and a teaspoonful of chloroform water every quarter of an hour till the sickness stops; while all the time you are giving the first dose of electricity, taking care to produce no shock or severe pain, and you leave your patient soothed and encouraged and hopeful: the first battle is won. In both cases you leave her like this (but by opposite means), till she soon comes to associate your visits with certain help and cheer.[1]

In both cases you leave the patient hopeful.

You give the nurse private instructions to make much of her the next forty-eight hours. Next day she is better and beginning to take the 'carnomaltine,' 1 pint daily, besides the 2½ quarts of milk; but the bowels are not acting, and you find that constipation has really for years embittered her life. Now you have a grand chance of becoming immortal, as far as she is concerned!

Regular action of bowels can be secured.

There can be no doubt it is a great matter to cure this, and if she regards it as such and is willing to take the pains required, you may assure

[1] There is of course a third way, that usually adopted, a grave hearing of the complaint, some necessary change made, a solemn assurance 'we' shall be better soon, and that is all. This answers well with uneducated people, but not with the class I am describing.

her that you will establish a regular action without medicine that should last the rest of her life. So far she never has an action without a pill, and then only irregularly.

She is quite willing, and even enthusiastic. You must get the nurse on her mettle too, and then you give your instructions.

A definite hour is to be selected for the action. Such an hour that not only suits the present condition, but that will fit in with home life afterwards, say 8.45. The bowels are henceforth to be opened at that hour, and at no other. Whatever the inclination to go before, it is to be resisted. Five minutes before the appointed time the patient is to be solemnly got out of bed, robed in dressing-gown, and taken to the closet, whatever her feelings.

Choose definite hour, and always stick to it.

At first, to ensure success, a simple pill of cascara or some vegetable laxative is to be given the night before, to make it easy.

Ensure success at the exact time.

The closet is *not* to be left until the bowels are opened. If there seems no likelihood of this naturally, a glycerine suppository is to be given; or better, some glycerine injected (℥ss). If this fails, an enema is to be given and the desired result obtained. Then, and not before, the patient can return to her room. Of course at first there

is often a fight, but it must at all costs be made a victory. With all due solemnity, and a strict regard to the exactness of the hour, the process is repeated each morning.

After a week or so the aperient may probably be left off, and vigorous massage be sufficient.

Habit formed in six weeks.

After some weeks a natural desire will be felt at the exact time, and from this time only steady perseverance is required to form the fixed habit for life.

Cure in a lady of seventy-four.

I could adduce numberless cases at all ages, from early childhood to a lady seventy-four years of age whose rectum was so inactive that a trained nurse was kept in the house solely to evacuate it artificially, and who yet established a perfect habit in six weeks' time.

Of course no day must be missed, and the hour never varied.

I think on the whole I have earned more gratitude from patients by forming this habit in bad cases of simple constipation, than in any other way.

Solid food begins.

On the third or fourth morning of the treatment breakfast begins, the weight is taken on the scales, and the process of restoring the physique really commences. Tea is added to the afternoon milk by way of festivity.

Next day lunch is added, next dinner, then supper as already described.

At the end of a week from now the first quarter stone is gained, the patient does not lie so flat in bed, the worst of the exhaustion is going, and it is time some occupation in bed is found. This is discussed and arranged for. The mother or sister of the Home is also sent for, and learns the tastes in food of the patient, in order that the pressure as to quantity may be along the line of least resistance, and so the stuffing begins. But so gently and yet persistently, and so suited to the patient's tastes, that nothing repels, nothing nauseates, and at the end of the trial fortnight the verdict of distinct progress, and the promise of a complete cure, are here a foregone conclusion. Would it were so in every case!

Study taste in food.

Alas! in some no progress is made. The end of the fortnight finds the patient low and despondent in spite of all your efforts. Somehow you have not yet fully grasped her mental background, you are not yet in real touch with her.

No progress if confidence is not gained.

You therefore set an hour aside, determined to have it out. You tell her you are loth to send her away, but unless there is progress you must. *She* must now help. She has had a lot of strength

poured into her which she must begin to use. And then perhaps she tells you the secret that has kept her back—some love-affair, some religious difficulty, some fear of expense, or some undermining of your influence. Or, it may be, nurse discovers some practice injurious to health, or has had confided to her some secret dread of uterine or cancerous disease.

In any case, the result is that between you confidence is established from this time, and she begins to improve in every way and eventually gets quite well.

Persistent pain.

But it may be some persistent pain keeps the patient low. Nothing is more wearing. You try every known remedy for this lumbar pain in vain; the patient is convinced there is kidney disease. At last it gets so awful you call in a surgeon. There may of course be a stone in the kidney. Anyhow, an operation is decided on. The kidney is examined, and is sound; several nerves are cut in the process, and you quite hope that the moral and physical effects will together put an end to the pain. Not a bit of it. In despair you try some electric baths given in the Home, and behold the pain disappears for the first time, how and why you cannot say, and the patient recovers.

Cure by electric baths.

Neuromimetic cases, though recovering brilliantly sometimes, at others sorely try the patience. You know, at length, after a month or two of 'building up,' that the patient can walk, but, alas! she will not, and says she knows she cannot. What is to be done?

Patient can walk, but will not.

Well, in one case I ordered that on the next day a cab was to come, the patient was to be taken down by two nurses, put in it, and driven to some secluded gardens, and there induced somehow to walk fifty yards between the two nurses. That night the patient tried to jump over the banisters and break her leg so that she could not walk; and, failing to do so, refused all food and actually had to be fed for a fortnight by tube through the nose before she would give in. She tore the dress of one nurse to ribands, but at last was overheard one Sunday morning whispering to herself: 'Annie, you've met your match'; and then out she went and soon walked three miles on end.

This is all very well, but it is most trying for the doctor to decide how far he is justified in forcing such a case. I mention it to show that while the *suaviter in modo* has practically no limits, there are times when the *fortiter in re* must appear from behind it.

Kindness, but no weakness.

You must never let your kindness be traded on, and thus degenerate into weakness.

Severe bilious attack.

It is quite possible about the middle of the treatment that you have to encounter a severe bilious attack. The massage has not been quite effectual enough or something has disagreed. Let not this disconcert you. Go straight back to milk, ease off all round, and the digestion will soon get right again. As to time, the longest I have ever kept anyone in bed on end is five months, in a case of severe dyspepsia combined with religious delusions. The patient had been under innumerable doctors, some of great skill, and all had failed and prononnced the case incurable; whereas I believe in more than one instance the treatment was right, and all that was needed was to go on and on till success was attained.

Five months in bed.

In this case a perfect cure resulted of a permanent nature.

Do not therefore be discouraged, but if you see the least gleam of hope redouble your efforts and persevere to the end.

'This is all very fine,' you say; but it is the patient and her friends who will not persevere, on account of the expense. Very well, so be it; but let the responsibility of stopping be wholly theirs and not yours.

A clever nurse a great help.

The doctor is much helped in these cases by a clever and sanguine nurse in full sympathy with him. The encouragement thus afforded often leads to success. Many who are accustomed to consider the measures all, and the patient nothing, will be surprised long before they reach this at the constant stress I lay all through on the personal management of the case. I can only say that every year I live I lay more stress upon it.

Personal management everything.

Dr. Coutet on personal influence

I agree with Dr. Coutet, who has just published a remarkable book on this subject,[1] where he recommends that all neuroses be grouped under the common name of 'psychosthenia.' In treatment he emphasises the value of isolation, rest, and feeding, but expresses little confidence in drugs, electricity, or balneo-therapeutics. (Here only, for reasons I have given, I do not agree with him.) His methods are practically those of Weir-Mitchell, but he *believes that sufficient regard is not paid to the personal influence of the medical attendant and of the nurses. The imperative need of getting the patient's willing and whole-hearted co-operation is also, he insists, of the first importance: 'Si le médecin peut beaucoup avec lui, il ne peut*

[1] Dr. Coutet, *Les Méthodes de Ré-éducation en Thérapeutique (Ré-éducation Psychique, Motrier, Sensorielle, et Organique)*, Paris: Vigot Frères, 1905.

Write these words on the mind.

rien sans lui.' All that I have italicised is worth writing on every physician's mind, and is the factor of greatest importance in the whole rest cure. Please remember I am speaking primarily of functional nerve-diseases, and would not for a moment exaggerate mental influence.

Organic disease stronger than mental force.

I should like to state clearly here that I consider, as a rule, organic influence stronger than mental influence; in other words, that mental influence alone will not overcome organic lesions save in exceptional cases. But, on the other hand,

Mental force stronger than functional disease.

I believe mental influence as a rule to be stronger than functional influence—that is, that it can be used to overcome functional disease save in exceptional cases.

You will therefore often suffer disappointment if, mixed up with the functional trouble, there is some organic disease, and once again therefore I beg for great caution in prognosis till the absence of this is ascertained.

But to return to the patient.

Patient must sometimes be moved.

Sometimes in an obscure way you feel the patient is not getting on. You can see nothing wrong before your eyes, and the patient is not communicative. If this continues, take my advice and move the patient right off to another Home,

where you will often see at once a change for the better. There is a something that militates against cure: often the patient will tell you after the move, but not before for fear of injuring the Home.

You have now arrived at the end of the first or second month—the time entirely allotted to bed—and the patient begins to get up; first for a week in her room, increasing one hour every other day, and at the same time the rule as to visitors begins to be really relaxed. Weight is still to be put on at the standard rate of half a pound a day, and no other change occurs.

Getting up and getting out.

After a week you begin sending her out of doors, and a quarter of an hour's brisk walk is allowed (no dawdling), and if weather is fine and warm one hour's drive in a carriage every other day; then every day an increase in the distance, until three miles can be walked on end without any undue fatigue, and the weight is normal or within half a stone of being so.

With the beginning of 'out of doors' the massage may be dropped down to the half, also (if wished) the carno-maltine; the milk should be continued.

Visits less frequent.

Your visits are certainly not more than every

other day after the patient begins to get up; and when going about, if doing very well, only two or three times a week.

By this time the patient should be in fair health; and now comes the task how to keep her so, which may be discussed in the next chapter.

CHAPTER XIV

OTHER FORMS OF CURE

I MUST here say a little more about Cure before passing on to Convalescence and to the problem with which the last chapter closed—How to keep a patient well?

Other 'cures.'

Perhaps the patient will not go into a Home at all, and loathes nurses.

In this case you can cure her, as I have already said, by getting a suitable room in a good private hotel that will lay itself out for these cases, serve all meals in her room, make the carno-maltine, and generally do the thing well.

The private hotel.

Having settled the room, shall you get a nurse *and* a masseuse, or shall you manage with a nurse-masseuse, thus saving at least two guineas a week?

Nurse and masseuse or nurse-masseuse.

The two are no doubt better than the one where there is money for it, at any rate with women; with men a nurse-masseuse is good enough for anything.

We are, however, considering the woman patient here, and in her case it is much better to have a fresh face and personality for the masseuse; and a nurse really has enough to do if she waits properly on the patient from morning to night.

If this cannot be afforded, be sure the nurse-masseuse is well and strong and good at her trade. (This combined class is often inferior.)

Cure' same as in a Home.

In other respects, I think the cure calls for no comment, but runs on pretty much the same lines as in a Home.

But the patient may, as I have said, refuse to leave her home at all, and asks if she can be cured there.

Cures possible at home.

I have pointed out how to deal with these cases in Chapter IX. Of course the answer really depends on the home! Can the house *pro tem.* be given up to the case? If so, it is possible, though in a bad case it is sure not to be so successful as when the patient is taken right out of her familiar surroundings. If it is home or nothing, no doubt in most cases some good will be done. In light cases a cure may be conducted quite well at home, if it be given up to the case and isolated there with nurse and masseuse.

Some cases of course get on without even this,

and I have had one that succeeded well in spite of the presence of husband and children.

But then the husband was very wise and half a nurse himself.

Home cures are always experiments, and must be regarded as such.

Home cures always experiments.

Another point is that the depression or some other symptom will not yield to bed at all. I have had these cases, and after building them up physically have still found these symptoms persist. Some more active plan must then be tried. I have combined a partial rest cure in these cases with every conceivable other occupation.

Bed does not cure all.

Brisk gymnastics every morning at a gymnasium; cycling each day; sight-seeing two or three times a week; woodcarving at a studio; metal working and enamelled-jewellery making; leather work; embossing and colouring; bookbinding; stone carving; fencing; golf and hockey; visiting places and writing essays on things seen; boating; and, one of the best of all, washing.

I have sent delicate lady-patients to a laundry kept by ladies; and there they have had to work hard, unnoticed and apparently uncared for, until the depression has passed away. It is

Therapeutics of laundries.

astonishing what a discipline this is; and, if throughly carried out, the good it does.

Gardening. Gardening in some cases is almost an equal relief, and can be well taught in London.

Domestic economy is also well taught nowadays, and is a great relief to some overwrought brains. Drawing, painting, botany, geology, and zoology are all good subjects. Other patients I have employed in parcel forwarding, secretarial work, typewriting, shorthand, and in other ways too numerous to mention. Never be without a resource and always retain the patient's confidence, so that she may take up what you recommend with hope and vigour.

Static and high-frequency electricity. In other cases, again, extraneous aid is needed. That persistent neuralgia of the head calls for static electricity, and you have not got one of these larger machines. She must therefore go where there is one, or for the high-frequency current; but all under your guidance and, if possible, presence. It greatly aids the cure.

Or it may be a question of electric light or heat for rheumatism, etc., and here again you must guide and preside.

So far, all I have said is supplementary to the fundamental rest cure, which is the basis of the treatment.

I now turn to the minority of cases in which, for various reasons, no form of rest cure is useful or available. No doubt much that I have outlined does not convey the idea of rest, but it is all connected with a large part of the twenty-four hours being spent in bed. Bed may do harm.

Some (I confess mostly men in my experience) have a lazy sort of neurasthenia, combined with fair nutrition, that speaks loudly of liver and calls for no bed, but an active regulated life, away from home, with treatment.

These (I here speak of women) must be sent where there is a good masseuse and a clever nerve-expert (not a doctor), to a cottage or farmhouse, where there is plenty of work to do. From morning till night each hour must be given up to definite work: in garden, farm, stables, poultry-yard, orchard, greenhouse, house, bees, kitchen, etc.; and the patient often worked till she is ready to drop. All this must be combined with vigorous liver (etc.), massage, and electricity. This in the hands of some cheerful, wise, and energetic person, capable of carrying out all your orders, works wonders. You cannot call the treatment by any name, I am thankful to say, but there is a distinct class who require it and whom it cures. Some, of course, More active treatment. 'Cure' with no name.

want the mind waking a little as well, but it is mostly reached through the body.

Crotchety people, morbid consciences, religious melancholics, sexual hypochondriacs, are all helped in this way, and some can be helped in no other manner.

What they want is this combination of management with some physical treatment and steady hard work.

Of course this is not incompatible with travel.

Abuse of travel.

In some, especially when the first work has been done, travel is clearly indicated. The evil about it is that it has been so greatly abused. Patients in the last stage of malnutrition and nerve exhaustion are sent to travel over Europe, with the worst results. What they want first is two months in bed at rest, and *then* the travel would do real good.

A great deal, too, depends on where they go and with whom they go.

High altitudes bad.

It cannot be too clearly understood that Alpine climates over six thousand feet rarely suit any nerve cases, while some may absolutely lose their reason, as I have seen, from the too great excitement of the air.

The places best suited for these nerve cases are

from two thousand to five thousand feet in height, all woods and forests, moorlands, and with many, not all, the sea-coast.

This travel can be undertaken alone or with a skilled nurse-companion, according to the severity of the case. Sometimes a small party helps greatly to restore a healthy tone to the mind. Of course, the tastes and idiosyncrasies of the individual should be studied, and sport provided if it is wished. That plan suits best where the patient is happiest.

Study tastes of patient

A voyage in some cases is better still, only be careful here of melancholia. I shall never forget taking a patient down to the 'Dunottar Castle' at the docks for a voyage to the Cape and back, and introducing him to the then doctor of the ship. He told me he would look after him with pleasure, but that the patient would be sure to jump overboard before he reached the Cape; he had had three who had done so. As a matter of fact this one did not.

Voyages not for melancholics

If, therefore, there is marked depression or melancholy, it is best to keep to dry land, even with a skilled companion. In many other cases, however, a voyage is the thing.

One patient, with very over-wrought nerves,

Sailing-ships good

I sent for twelve months in sailing-ships only, and this effected a cure; the patient, curiously enough, employing himself with making a beautiful collection of insects found at sea, and caught on deck (not in the cabin). There are many favourite voyages, such as the Cape, the Mediterranean, the West Indies, and, for a long voyage, New Zealand.

India and Cashmere are admirable but expensive remedies for morbid conditions of nerves.

'Back to the land' cure.

Turning back for a moment to bad cases of depression, fixed ideas, minor delusions, and what are known as borderland cases, but still on the right side of the border, the system known as 'back to the land' is to my knowledge powerful for good. These patients live pretty much in common on a large farm, under skilled superintendence; the life is bright and cheerful and wonderfully free. The only point insisted on is that all shall work to the utmost of their capacities on the farm, in the fields or byres, amongst cattle or crops: the women making butter, etc., but each and all hard at work in the open air all day long at natural toil, eating their bread, literally, in the sweat of their brow. It is extraordinary what a healthy effect actual contact with the soil in the fields has in these cases. For slighter cases, of course, there are

Open-air work all day.

(for ladies) agricultural and gardening colleges, notably Lady Warwick's at Studley Castle. Agricultural colleges.

Turning now to cure by water, we must consider hydros, spas, and baths.

Hydros have much to recommend them as after-cures in these cases. Situated, generally, in a well-chosen and bracing situation, well built and appointed, with cheerful surroundings and visitors, they are superior to hotels as a rule in their social influence; and if under skilled supervision, as at Peebles[1] and elsewhere, the sun-baths and air-baths and general *régime* are in the highest degree helpful and stimulating. The modern hydro is, I think, better adapted for convalescence than for any very active treatment. Hydros and spas. Hydros good for convalescence.

Not so the baths and spas at home and abroad. Here very active treatment is the vogue and an after-cure during convalescence often required.

Strathpeffer, Woodhall Spa, Nauheim, Aix, and others will occur at once to the mind as places where a pretty vigorous treatment is carried out.

For nerves, pure and simple, I recommend Salso Maggiore and Strathpeffer and the mud-baths at both. For nerves and heart, Bad Nauheim. For nerves and rheumatism, Woodhall Spa or Spas good for active treatment.

[1] Just burnt down (July 1905).

Marienbad. I do not for a moment say that I am prepared to prove that these stand out in proud pre-eminence above all others, but they are the first that occur to me.

Patient goes with a nurse-companion

In all nervous cases the patient must on no account stay with her own people, and a wise nurse or companion is a *sine quâ non* who can to some extent take your place and who is under your orders.

A severe course at one of these spas, if abroad, should be followed up by an after-cure; if a little iron is needed, at some such place as Schwalbach, or if there is no special indication, in Norway, Black Forest, Tyrol, or Engadine, according to the taste and the season.

Associated pleasure-trips.

I have seen the greatest good result in mild nerve cases from associated pleasure-trips, where a large party travel or cruise together on the Continent or in the Mediterranean. Some superior and exclusive individuals object to these, and it is useless to press them; but those who like them derive far more benefit from these than from solitary tours with one companion.

Cases that cross the border line.

There are cases, of course, of delusions, melancholias, etc., that cross the line and become the care of alienists. There is no need of great hurry in handing these over. Wait at any rate until

you are convinced, not only that the symptoms are, or have become, clearly mental, but that there is no reasonable hope for a restoration to health under your care.

Christian work as cure.

Some with strong altruistic or religious tendencies are cured by being immersed in Christian work among the poor. Many of my patients have thus benefited. Anything and everything that weans from introspection and morbidity are agents for good.

CHAPTER XV

CONVALESCENCE

Final details in management.

Your interesting patient, over whom we have spent so much time and thought, is about to leave your direct care. What a difference from that nervous trembling wreck that appeared at that first interview! Here she stands strong and solid, and only too eager to return at once to her strenuous home life; and were it not for her great confidence in you, which your care and tact have fully earned, she would take ill your dictum that the period of convalescence should at least equal in length that of treatment.

Convalescence should equal treatment.

She still more dislikes your sending some one with her, and wants one of her own people. 'Not yet,' you say, 'just a little longer to consolidate your gains. You will have all your life to be with your people, and I want that life to be a healthy one.' So at last you persuade her, and the question is 'Where should she go?'

Here you may quite legitimately and with advantage consult her tastes, and send her to some healthy place she has long had a fancy for, but has never been to yet; and you send with her (out of uniform) that bright, young, clever, tactful lady nurse who is so rarely met with in the flesh, though so often before us in spirit.

Where should she go?

Two points at least must be clear to your mind before you part with her:

Make sure of two points.

First, That she at last understands the value of a good physique, and the simplicity and importance of the scales in maintaining it.

Second, That she sees the cause of the recent breakdown, and is on her guard that it never occurs again.

I will just take up these two points:

First, The value of a good physique and its maintenance by the scales.

The physique and the scales.

Perhaps you will explain briefly what you mean by a good physique, which really is maintained by the wise spending of the health income, with a good health capital in the bank.

What is meant by health capital and income?

Health capital and income.

Let us first of all consider 'capital.' Capital is the reserve that constitutes sound health. A hand-to-mouth existence without capital is not consistent

Capital is reserve force.

with a healthy life. Such a person is absolutely dependent from hour to hour on the food she takes, without which she would utterly collapse. This is not health ; for while a strong person requires food, she is not dependent upon it in the same way at all. On this reserve force or capital, then, rests our happiness and health. The next point is to understand a little more about this life reserve-force. As regards its duration this depends, as we have seen, upon heredity, and can be roughly calculated, but its amount depends upon ourselves.

Capital stored in early life.

Childhood and youth are the real times when it is being stored, for although force at this period is largely spent in growth, it is produced so rapidly that capital is quickly accumulated. During adult life it can also be more slowly stored up until forty-five or fifty, and from that time it is slowly spent and gradually goes in old age as income, until when a person dies a natural death hardly a shilling is left in the bank. Those who die prematurely die with much unspent capital, which is wholly wasted.

Hence dangers of youthful excesses.

Of course the need for storing up capital in youth shows, as nothing else does, the importance of avoiding drains on our resources at this time by youthful excesses ; for there is no doubt whatever that a fast life is a short life and an unhealthy

one, and not only can the store we accumulate thus be quickly dissipated, but the life itself ends in a premature bankruptcy.

Stock of vitality easily diminished.

Our stock of vitality in relation to length of life is strictly limited, and though we can slightly prolong it by care, we can much more easily shorten it by excess.

Although there is a table to calculate roughly the duration of life-force, we know no way of computing its amount at any period of life. We can, of course, tell practically when it is running short, because our cheques are not honoured, but returned marked 'No assets.'

Healthy man has large income.

An average man in perfect health has a large income, nine-tenths of which, however, is spent in the upkeep of the body over which he has no control, so that he can consciously control the expenditure of only about one-tenth part.

School time and pocket-money.

Regarding this world for a moment as a school, we may say an all-wise Creator puts into the hands of His creatures three hundred foot-tons of force (one-tenth of the daily income) each morning as pocket-money (He meets all the school bills), and the way we spend it, wisely or foolishly, or hoard it, do good or evil with it, displays our character, and is that of which we shall all have to give an account when the schooldays are over.

Net income is at our disposal.

The net daily income, then, of which we principally speak here, is that tithe that is at our own disposal; and, as I have said, we may exceed it, live up to it, or live below it. The first class are in the way of death, because to exceed income means to trench on capital; for in life there is no credit given, no getting into debt with others. We must pay our way, and if we get into debt it can only be with ourselves, by spending our principal, which is the way that leads to ill-health and death or bankruptcy.

If we exceed it, we spend our reserves.

Spend your income, do not touch capital.

Those who live up to their income and leave their capital untouched, are the wise, the happy, those in perfect health; while those who live below and try to save it, find that health cannot be hoarded and that unspent income soon leads to ill-health not through starvation, but plethora.[1]

We must, then, be neither misers nor spendthrifts if we would be healthy, but spend wisely and well what is given us to spend, be it much or little each day, and while looking on health as on wealth as a gift of God, never regard its accumulation as an end of life.

[1] One must point out here that health capital cannot, like money capital, be indefinitely increased. It is a fixed amount, varying in each individual, and represents perfect health.

Signs of a healthy life.

If we daily spend what mental and physical force we have without strain, so as to produce a healthy fatigue of mind and body that entirely disappears in sleep, so that we rise fresh and well; if we are conscious of no running down in weight or in our powers, especially of nerve force; if we have not to use any stimulants of any sort, we may justly believe we are spending our income and not our capital.

Women have smaller income.

It is for women more than men to understand these things; not only because their income is smaller, but because they have so much more to do with health than men, not only being mostly born nurses, but having the care of all children.

It is therefore of special importance to them that they should have sound, clear views on the finance of hygiene.

Do not be over-careful as to income.

You might also point out that, while on the one hand nothing can be more selfish and hypochondriacal than to be always anxious in every detail to avoid spending this income, on the other hand nothing can be more foolish and short-sighted than to lose a useful life simply through carelessness in allowing one vital part to be used up when there is plenty of health money in the bank in the other systems.

Value of the scales.

I have explained roughly how the balance is maintained, but the chief practical way of ensuring it is by the scales.

You have presumably turned your patient out, hard and active, at the weight she should be; and at any rate she knows the weight she should be, and is not more than half a stone below it.

Keep same weight for twenty years.

You now lay down the rule that this deficiency is to be made up in the month, and that then for twenty years that weight is not to be varied above half a stone up or down. The weight is to be tested for the first two months once a week on the same scales, for the next two once a fortnight, and after that once a month.

At once, if below, it is to be made up by extra weighty food; if above, less is to be eaten.

This is infinitely better than vaguely urging friends and relations to see that she 'eats well.'

I have come to the conclusion that it is very difficult really to estimate how much a person eats, and still more how much they need to eat; and

Scales do not irritate.

the only satisfactory and non-irritating court of appeal is the scales, which should be fairly accurate. There is no excuse now for not doing this, when they can be bought complete and quite reliable for one guinea.

Of course, as long as the nurse or companion is with the patient the responsibility is hers; but you must make the patient clearly understand that soon it will be on her, and that weight constitutes a corner-stone of health.

Weight is not everything.

It must not be supposed, and no one who has read thus far will suppose, that I regard weight as everything. Far from it. But I do think weight and good physical condition are the bodily requisites for a healthy nervous organisation, and give immunity from functional nerve-disease.

Besides the body, in which, as is so often the case, I do not include the head, there are the nerve-centres and there is the mind.

Nerves free from overstrain.

In addition to weight, therefore, to be in good condition the nerves must now and henceforth be kept free from overstrain, shock, and worry. Not that your patient is continually to live in a convent, away from the sights and sounds of this changing life; but she is not consciously to overtax and break down her nerve strength any more than her physical force.

Preservation of mental health.

Then there is the mental health.

Whatsoever things are good, pure, altruistic, elevating, and Divine, will help; making a special point when she has kept in health for six months

from the time she leaves you, of deliberately banishing health questions out of her mind, save on those few great points which simply amount to applied common-sense.

So much, then, for maintaining and consolidating the condition now happily arrived at.

Trace out predisposing cause.

But the second point also demands serious consideration, and that is to trace out with you the real predisposing cause of this breakdown, which has brought her into your hands.

Now that her mind is healthy and strong, and before she leaves you, is the time for her to get a thorough grasp of what brought this sickness on —so that she may never again fall a victim to it.

If hysteria, show the cause.

If it be a case of neuromimesis or hysteria, you may now venture to trace in bold outline the course pursued by the unconscious mind in causing the disease. How the idea, or the slight organic disease with which the mimicry commenced, suggested the symptoms. How it differs from malingering, and is generally beyond the patient's power to cure.

But now strength is restored and the trouble gone, it is well to look back and see how it came about, in order that she may never fall a victim again.

Show patient how to prevent recurrence.

Or it is a simpler case of neurasthenia or depression, and here again it is helpful to review predisposing and exciting causes, in order to be doubly guarded against them in the future. A little more care here, a change taken there, might have saved the situation.

Not tempered steel but dust!

But we so often think ourselves a combination of tempered steel and indiarubber, and there is only One who never forgets that after all 'we are dust'!

The result is that if the disease was caused inevitably by the life lived—that life *as it was* must never be taken up again.

To cure a patient, as so many do and then let her return into the very circumstances that dragged her down before, is not the way to keep her well.

Do not let patient fall into your hands again.

It is in convalescence, as your patient leaves you, that perhaps the greatest work that you do is done; and that is to prevent the patient from falling into your hands again.

But now as to details.

The companion is there, the patient ready to start to the quiet little Scotch watering-place on the East Coast that they have selected, and all they are waiting for are your detailed instructions.

Details of convalescent life.

For the first fortnight breakfast in bed, then out for two hours before lunch. Rest for one hour after lunch, then out till dusk. Bed not too early, and a stroll, if wished, in the dark about ten to help sleep.

Principal points for companion to see to:

1. Slow increase of weight, if standard is not yet quite gained, or full maintenance of it; and sufficient fresh nourishing mixed diet, with no fads, eaten to keep it so.

2. Perfectly regular action of the bowels at exactly the same hour each day, without one intermission being allowed, so as to consolidate for life the habit formed.

Increased exercise daily.

3. Gradually increased exercise of an interesting and pleasant nature including, if possible, walking, cycling, driving, and riding; and games in moderation such as tennis, croquet, golf, badminton. Exercise never continued to exhaustion, but often to healthy fatigue.

What is done to be done well; no creeping or crawling.

Value of hobbies.

4. The pursuit of some definite hobby or interest that shall give the mind an objective other than that of one's own health; which should be got away from as soon as possible.

5. The guarding against the incursion of unwise relations and friends, but the encouraging of wise and helpful ones.

6. The gradual practice of forming independent habits, such as going for walks alone, paying visits, etc., so that the break may not be so great when the companion leaves.

7. If wished, the companion to take the patient home, and stay with her a week or so; just looking out for anything in the home life to put the patient on her guard against, as hurtful.

Cause of illness is often the patient herself.

After all, returning in conclusion to the cause of the breakdown, it may be in the patient herself.

Sore neck and ill-fitting collars

So many have come to me with 'sore necks,' if I may borrow a simile from the draught horse; for we are all draught horses, drawing often in pain and weariness the burden of life along the hilly way, with unsteady and uncertain steps.

In such a task a good collar is everything, softly padded over to fit us perfectly. Provided with this we can go through our lot with light hearts and a steady step, and quiet strong nerves. It is the sore necks that upset us, caused by the friction of a badly fitting, badly lined collar.

The remedy.

Our Saviour knew this, and having drawn the burden of His life with perfect gentleness and patience and strength, tries to help us in those memorable and touching words :

'Take my yoke [collar] upon you, and learn of Me ; for I am meek and lowly in heart : and ye shall find rest unto your souls. For My yoke [collar] is *easy*, and [therefore] My burden is light.'

No wonder the collar was easy when it was lined with kindness and meekness, with gentleness, humility, and lowliness of heart.

It is the grit of pride, of self-assertion, of ambition, of envy, of malice, and of all uncharitableness that gives us so often sore necks and wrecked nerves.

My last words would therefore be, to a patient who has thus suffered, 'Learn of Him,' and you will never be ill from this cause again.

Here, then, we at last take leave of our interesting nerve-sufferer, whose management has, I trust, taught us some lessons of value.

Great issues raised here.

But this monograph does more, for it raises great issues in therapeutics. None can read it without having to face the questions, Whether medicine is not handicapped for lack of the serious study of the Force of Mind ? and, Whether the best

practice is not that which includes in therapeutics a wise and systematic use of the psychic powers both of the patient and doctor? To these questions I am convinced posterity will give but one answer: it is for the reader to say what reply he will give now.

INDEX

V.M.N. = *Vis Medicatrix Naturæ*
U.M. = Unconscious Mind

Abdomen, always inspect, 68
Abuse of mental influence, 167
of travel, 236
Acland, Sir H., letter from Sir J. Paget to, 33
on the ideal consultant, 22
Advance in medicine, 2
in surgery, 1
need of, 39
Advice, medical, 174–189
Ætiology, general, 11–23
After-cures, 249
Altering the stream of thought, 166
Always inspect abdomen, 68
weigh the patient, 69
American exaggeration, 25, 26
mysteries, evil of, 24
Anxiety and carelessness bad, 247
Army of leucocytes, 18
Associated pleasure-trips, 239
Auto-suggestion, 126
book on, 31
often disappointing, 32
Average of daily loss, 177
Avoid bad suggestions, 60
deceit, 102

Babinski's sign, value of, 96
Background, the mental, 73
Bad suggestions, avoid, 60
Bankruptcy, way to, 246
Bart.'s surgeon on prognosis, 103
Baths and water, 169
electric-light, 234
Bear, in the novel, 145
Bed, getting up from, 229
time in, 226
value of, 162, 184
Benedikt, Prof., on suggestion 164
Beware of mental bias, 81
Bilious attacks, 226
Body as a motor-car, 5
self-protective, power of, 4
Book, scope of, 5
Books on auto-suggestion, 30
Border-line, cases on the, 240
Bovine brethren, 137
Brilliant dictum of Sir J. Paget, 147
Brown, on Sydenham, 139
Browne, Sir J. C., on imagination, 115
Bruce, Dr. M., on the V.M.N., 119

Capital of health, 243
stored early, 244
Capricious symptoms in nervousness, 105
Carefulness in questions, 59
on heredity, 61
Carelessness and anxiety bad, 247
Case, curability of, 49
Cases, exceptional, 51
of neuromimesis, 87
over the border-line, 240
Cause and effect in disease, 83
of immunity, 18

Causes, love and religion as, 61
predisposing and exciting, 12
Central power, efficiency of, 14
Change in treatment of disease, 10
Chemical poisons, V.M.N. and, 19
Chlorobrom, value of, 172
Choice of home, 177
Christian work as cure, 241
Coleridge on nerve disease, 146
Collars and sore necks, 253
Collins, Dr., on knowledge of patient, 72
Commencement of psychological action, 133
Common-sense measures, 125
Condition of the V.M.N., 16
Conditions of success, 153
Confession, relief of, 62
Confessions must be inviolate, 64
Confidence, established by manner, 64
in doctor, 154
in nurse, 154
how to gain, 55
how to get, 57
local examination gives, 68
Conflict of interests, 100
Conscious part of self-treatment, 125
Consultants and specialists, 98
Consultation, visit better than, 47, 71
Convalescence, 242–255
how to proceed, 242
length of, 242
points in, 255
Convalescent life, details of, 252
Correspondence, preliminary, 47
Cost of treatment, 182
Coutet, Dr., on personal influence, 227
Curability of the case, 49
Curative, symptoms are, 123
Cure, by Christian work, 241
by gardening, 234
by laundry, 233
by open-air work, 235
Cure, fallacy of, 8
length of, 101
Cures, at home possible, 181
at own home, 232
at private hotels, 231
by simple life, 238
by water, 239
disgust at, 25
in private hotels, 181
public interested in, 9
various forms of, 231–241
with no name, 235

Daily loss, average of, 177
Danger, of specialists, 7
of youthful excess, 245
Darkness dispelled by light, 36
Daughters and mothers, 52
Death-warrant, diagnosis may be, 88
Deceit to be avoided, 102
Decision, value of, 70
Defence against disease, 13
Defensive army, in body, 18
leader of, 18
Delicate question, a, 97
Depression, common in women, 107
with neurasthenia, 186
Descend to patient's level, 62
Details, affecting prognosis, 101
in management, final, 242
of convalescence, 251
value of, 151
Deterioration of medical position, 9
Diagnosis, on, 80–92
evil of short, 88
may be death-warrant, 88
most important to doctor, 80
of suppressed gout, 84
private and public, 81
Sir R. Quain on, 91
should be simple, 87
tact in, 86
treatment secondary to, 121

Diet and rest, 192
Dietaries, 160, 168
Difficult case, 225
Difficulty of prognosis, 93
Direct suggestion, little value, 164
Disappointment of auto-suggestion, 32
Discovery of the underworld, 4
Disease and death abolished, 28
  cause and effect in, 83
  cured at spas, 239
  cured by Nature, 15
  defence against, 13
  exciting causes of, 17
  not merely physical, 140
  patient more than, 58
  predisposing cause of, 16
Disgust at cures, 25
Disillusioned patients, 48
Distinction between madness and hysteria, 21
Doctor, and interview, 50
  and medical treatment, 131–152
  and nurse, confidence in, 154
  at sea, 39
  diagnosis most important to, 80
  gets credit for V.M.N., 123
Doctors, can assist V.M.N., 119
  dramatic power in, 138
  natural gifts of, 136
  need higher education, 137
  often do harm, 53
  or drugs, V.M.N. stronger than, 119
  remedies, psychic value of, 152
  should not run Homes, 160
  treatment uninteresting to, 8
  visit, value of, 75
Doctrine of dominants, 128
Dominants, doctrine of, 128
Downfall of quackery, 39
Dramatic power in doctors, 138
Drugs, and mental therapy, 171
  in nervous disease, 111
Drugs or doctors, V.M.N. stronger than, 119
  Sir J. R. Reynolds on, 109
Dust or tempered steel, 251

Efficiency of central power, 14
Egos, the two, 13
Electric-light baths, 234
Electricity, and massage, 192
  high-frequency, 234
  light and heat, 169
  static, 234
Emotion, ideas or dominants, 128
Enemy, take stock of, 104
Environment, mental value of, 167
Environments, study of, 71
Evil done by false system, 27
  of American mystics, 24
  of high altitudes, 236
  of short diagnosis, 88
Exaggeration of American, 25
  of psychical force, 6
  Transatlantic, 8
Examination should be elaborate, 65
Exceptional cases, 51
Excess, danger of youthful, 245
Exciting causes of disease, 17
  predisposing causes, 12
Expense of neurasthenic treatment, 158
Explain painful points to doctor, 89

Faith, how to restore, 178
Fallacy of cure-alls, 8
False system, evils done by, 27
Family physician, value of, 116
Farmhouse, cure at, 235
Fatigue is nervous, 90
Feigned mania, 225
Fichte on truth, 11
Final details in management, 242
Firmness, value of, 149

First interview, 46–79
interview, importance of, 190
interview, length of, 49
interview, often the last, 146
visit, sketch of, 70
visit, value of, 75
Fixed backgrounds bad, 74
systems useless, 155
Fleury, de, on the medical moralist, 113
Forbes, Sir J., on psychic powers, 114
Force of mind, in medicine, 3
study needed, 254
Forming an opinion, 72
Forms of cure, various, 231–241
Four varieties of mental therapeutics, 109
Fractures, V.M.N. in, 19
Friends told prognosis, 97
Functional ailments, mostly nervous, 89
and organic disease, 29
disease and mind force, 228
disease, mental treatment not limited to, 113
nerve-disease, increase of, 3
nerve-disease, Dr. Goodhart on, 3

Gardening as cure, 234
General ætiology, 11–23
maxims, 94
mental therapeutics, 104–116
Getting up from bed, 229
Gifts of healing, 41
Going out after cure, 229
Goodhart, Dr., on forming an opinion, 72
on functional nerve-disease, 3
Gout as a symptom, 85
Great value of personality, 22
Gull, Sir William, on sympathy, 22
act of, 144

Harm, doctors often do, 53
Healers, unconscious, 44
Healing artist, a, 42
gift of, 41
powers, pain subdued by, 43
versus morphia, 43
Health, and capital, 246
income, 243
large income in, 245
the rhythm of, 122
voyages, 238
wholeness, and holiness, 26
Healthy life, signs of, 247
Hearing, seeing, saying, and thinking, 128
Heat, light, and electricity, 169
Help by quackery, 32
Helps, three artificial, 30
Heredity, be careful as to, 61
High altitudes, bad, 236
High-frequency electricity, 234
Higher education needed by doctors, 137
Hobbies, value of, 252
Holiness, wholeness, and health, 26
Holmes, O. W., on morning visit, 77
Homes, choice of, 177
cure at own, 232
doctors should not run, 160
not essential, 181
unsuitable, how to act, 228
Honesty, value of, 151
Hospitals, treatment neglected at, 125
How and who, success depends on, 98
How to restore faith, 178
to stop quackery, 36
Husband, visits of, 233
Hutchison, Dr.'s, pious opinion, 34
Hydros, value of, 239
Hypnotics, use and abuse of, 172
Hysteria, and madness, distinguished, 21
not malingering, 150
or neuromimesis, 105
show cause of, 250
value of isolation in, 163

Ideal consultant, Sir H. Acland, 22
Imagination, Sir J. C. Browne on, 115
Immunity, V.M.N., 18
Importance of first interview, 46, 190
of prognosis, 93
of religious faith, 142
of word and manner, 53
Important tests, 69
Impossible treatment, do not advise, 100
Income, at disposal, 246
cannot be hoarded, 246
large in health, 245
of health, 243
of women, small, 247
Increase of psychic strain, 4
Infinite, in tune with, 26
Influence, Dr. Coutet on personal, 227
of one mind on another, 7
unconscious, 24
Interests, conflicting, 100
Interview, importance of first, 46
the first, 46–79
Irritability, nervous, 184
Isolation, most use in hysteria, 163
question of, 179

Journals, testimony of the, 35

Knowledge, and personality, 132
and sympathy, 141
of patient, Dr. Collins on, 72

Lady doctors, women do not like, 64
Large income in health, 245
Last words of Dr. Sutton, 132
Laundries for cure, 233
Lazy sort of neurasthenia, 235
Leader of defensive army, 18
Leading force in nerve disease, 6
Legitimate practice of psychotherapy, 35
Length of convalescence, 242
of cure, 101
of first interview, 49
Leucocytes, army of, 18
Life-giving rest, 77
Light, dispels darkness, 36
heat, and electricity, 169
List of private cases classified, 106
of therapeutic forces, 108
Local examination, gives confidence, 68
examination, if needed, 66
Love and religion as causes, 61

Machines, patients not, 140
Madness and hysteria distinguished, 21
Main line of treatment, 175
Malingering, hysteria is not, 150
Malnutrition most common symptom, 108
Management, final details in, 242
Mania feigned, 225
Manner establishes confidence, 64
in medicine, 133
Massage and electricity, 192
uses of, 162
Masseuse-nurse, 231
Materialistic movement in medicine, 4
Maxims, general, 94
Measures, common-sense, 125
Medical advice, 174–189
bear, the value of, 145
confessional without absolution, 62
hall-mark, 136
men and mental treatment, 112
moralist, de Fleury on, 113
position, deterioration of, 9
psychology, value of, 134
spirit, Dr. Stephen on, 144
study, new field of, 37

Medical training, Sir J. R. Reynolds on, 140
treatment, the doctor, 131–152
treatment, the remedies, 153–173
Medicine, advance in, 2
an exacting mistress, 137
force of mind in, 133
manner in, 133
materialistic movement in, 4
movement in, 1
no trifles in, 138
Oesterlein on, 11
quack methods not used in, 133
Mental and nervous disease, 188
background, the, 73
backgrounds, various, 73
bias, beware of, 81
effect of violent remedies, 169
effect of physical examination, 65
fact of pain, 147
health, preservation of, 249
influence easily abused, 167
remedies essential, 125
remedies, nerve diseases cured by, 111
therapeutics, are not quackery, 110
therapeutics, are not studied, 110
therapeutics, Dr. Morrison on, 114
therapeutics, four varieties of, 109
therapeutics, general, 104–116
therapeutics, physical means in, 165
therapeutics, self use of, 117
therapeutics, universal agent, 109
therapy and drugs, 171
therapy, study of, 36
treatment and medical men, 112
Mental treatment not limited to functional disease, 113
value of environment, 167
Metchnikoff on defensive army, 18
Methodical questions, 61
Methods must be adequate, 156
Mind, cannot cure all, 29
cures in quackery, 34
force and functional disease, 228
force and organic disease, 228
influence of one on another, 17
is one, 13
natural and artificial action of, 30
Mineral waters, 169
Mistakes, serious surgical, 187
Mitchell, Dr. W., on natural remedies, 138
on rest cure, 190
Mixture of nervous and organic disease, 81
Mixtures of spiritual and mental therapy, 26
Morituri, Sir B. W. Richardson on, 19
Morning visit, Dr. Holmes on, 77
Morphia, healing *versus*, 43
Morrison, Dr. A., on mental therapeutics, 113
Mothers and daughters, 62
Motor-car, body as, 5
Mountain stream, simile of, 175
Movements in medicine, 1

Natural, and artificial action of mind, 33
gifts of doctor, 136
manner best, 136
remedies, 129
remedies, Dr. W. Mitchell on, 138
remedies, mental effect of, 167
therapeutics, recognition of, 108

Natural therapeutics, used physically, 168
Nature, and the V.M.N., 5
cures diseases, 15
Necessity of nursing homes, 159
Need of advance in medicine, 39
of neurasthenic nurses, 157
of personal oversight, 179
of study of force of mind, 254
Needless loss of patients, 38
Nerve disease and sore necks, 253
disease, Coleridge on, 140
disease, cured by mental remedies, 111
disease, drugs in, 111
disease, increase of functional, 3
disease, leading force in, 6
disease, treatment important in, 124
disease, V.M.N. weak in, 124
nurses, born not made, 158
patients deficient in will, 30
Nervous and mental disease, 188
and organic disease mixed, 81
irritability, 184
Neuralgia, remedies for, 171
Neurasthenia and gout, relation of, 83
and hysteria, treatment distinct, 161
lazy sort of, 235
list of cases, 106
varieties of, 105
with depression, 186
Neurasthenic nurses needed, 157
treatment expensive, 158
visceroptosis, 67
Neurasthenics, stout, 184
Neuromimesis, cases of, 187
capricious symptom in, 105
list of cases, 106
not common, 106
or hysteria, 105
New field of medical study, 37
Nitrogen and suggestion, 163
No trifles in medicine, 138
Novel, the bear in the, 145
Nurse companions, 240
masseuse, 231
value of good, 227
wife as, 182
Nursing homes necessary, 159

Occupations in partial rest-cure 233
Oesterlein on medicine, 11
Organic and functional disease, 2
disease, and mind force, 228
disease, search for, 187
processes are purposive, 14
Osler, Dr., on professional work, 136
Overstrain in nerves, 249

Paget, Sir J., brilliant dictum, 147
letter to Sir H. Acland, 33
on quack cures, 33
Pain, a mental fact, 147
subdued by healing power, 43
Paraldehyde, value of, 172
Partial rest-cures, 233
Patience, value of, 147
Patients, always weigh, 69
can use will-power, 126
disillusioned, 48
level, descend to, 62
more than the disease, 58
needless loss of, 38
not machines, 141
place, put yourself in, 59
Perseverance, and success, 226
value of, 148
Personal experience, value of, 86
influence, Dr. Coutet on, 227
interview essential, 50
oversight essential, 179
Personality, and knowledge, 132
clue as to, 48
great value of, 22
Perverse patient, 225
Perverted action of V.M.N., 20

Pharmaceutical remedies, 109, 170
Physical defects, seek, 65
examination, mental effects of, 65
means as mental therapeutics, 165
side of natural remedies, 168
Physicians and V.M.N., 21
are born, not made, 141
Physique and the scales, 243
Pious opinion of Dr. Hutchison, 34
Pleasure-trips, associated, 240
Pocket-money and school time, 245
Points affecting success, 166
in convalescence, 252
Poisons, chemical, 19
Possibility of cures at home, 187
Poverty affects prognosis, 100
Predisposing and exciting causes, 12
causes of disease, 16
Preliminary correspondence, 47
Present position of psycho-therapeutics, 24–45
Preservation of mental health, 249
Prevention of recurrence, 251
Private and public diagnosis, 21
cases, classified list of, 106
total cures, 181, 231
Profession, reproach on, 38
Professional visits, unprofessional, 115
work, Dr. Osler on, 136
Prognosis, 93–103
affected by poverty, 100
Bart.'s surgeon on, 103
depends on treatment, 97
details affecting, 101
difficulty of, 93
importance of, 93
is not always possible, 102
is prophecy, 94
safety of provisional, 95
Sir R. Quain on, 102
told to friends, 97
Prophecy, prognosis is, 94
Provisional prognosis, safety of, 95
Psychic effect of all remedies, 131
form, exaggeration of, 6
power, Sir J. Forbes on, 114
side of disease, 140
standpoint rare, 7
strain increasing, 3
value of doctors' remedies, 153
Psychological action, commencement of, 132
Psychothenia, 227
Psycho-therapeutics, great value of, 24–45
Psychotherapy, legitimate practice of, 35
Public interested in cures, 9
Purpose of organic processes, 14
Put yourself in patient's place, 59

Quack cures, Sir J. Paget on, 33
methods, not used in medicine, 33
Quackery, downfall of, 39
help by, 32
how to stop, 36
mental therapeutics are not, 110
mind cures in, 34
success of, 35
Quain, Sir R., on diagnosis, 91
on prognosis, 102
Qualities, valuable personal, 138
Question of delicacy, 97
of isolation, 179
Questions, be careful of, 59
methodical, 61

Rarity of neuromimesis, 106
Recognition of natural therapeutics, 108
of V.M.N., 40
Recurrence, prevention of, 251

Relation of gout and neurasthenia, 83
Relief of confession, 62
Remedies, all have psychic effect, 131
for neuralgia, 171
for sore neck, 254
natural, 129
of medical treatment, 153–173
pharmaceutical, 109–170
Reproach on the profession, 38
Reserve force is capital, 244
Rest and diet, 192
cure, 190–215
cure, Dr. W. Mitchell on, 190
cure, partial, 233
life-giving, 77
Revelation of true self, 48
Reynolds, Sir J. R., on drugs, 109
on medical training, 140
Rhythm of health, 122
Richardson, Sir B. W., on the *morituri*, 19

Sailing-ships, value of, 237
Saying, thinking, seeing, and hearing, 128
Scales and physique, 243
School time and pocket-money, 245
Scope of this book, 5
Sea, doctors at, 39
Search after truth, 12
for organic disease, 187
Secret of success, 134
Seeing, saying, thinking, and hearing, 128
Seek physical defects, 65
Self cure, 30
protective power of body, 4
treatment, 117–130
treatment, conscious part of, 125
treatment, unconscious, 17
use of mental therapeutic 117
Serious surgical mistakes, 187
Seven points in convalescence, 252
Shocks in diagnosis, 87
Signs of a healthy life, 247
Simile of mountain-stream, 175
Simple-life cures, 238
Sketch of first visit, 70
Skill of physician, 61
Small income of women, 24
Sore necks, and ill-fitting collars, 253
and remedy, 254
Spas, diseases cured at, 230
value of, 231
Speak with gravity, 91
Special treatment for symptoms, 176
Specialists and consultants, 98
dangers of, 7
treat their own cases, 98
Spiritual and mental therapy, mixture of, 26
Static electricity, 234
Stephen, Dr., on medical spirit, 144
Stock of vitality, 245
Stout neurasthenics, 184
Strain, increase of psychic, 4
Stream of thought, altering the 166
Study environments, 71
of force of mind needed, 254
of man as a whole, 113
of mental therapy, 36
Success, and tact, 143
conditions of, 153
depends on how and who, 98
of quackery, 35
secret of, 134
Suggestion and nitrogen, 163
Prof. Benedikt on, 164
Suppressed gout, diagnosis of, 84
Surgery, advance in, 1
Surprise not to be shown, 57
Sutton, Dr., last words of, 132
Sydenham, Dr. Brown on, 138
on nature cures, 15

Sympathy, and knowledge, 141
Sir W. Gull on, 22
value of, 146
want of, in lady doctors, 64
when to give, 139
Symptom, malnutrition the most common, 108
Symptoms are curative, 123

Tact, and success, 143
in diagnosis, 86
is mental touch, 150
of Sir W. W. Gull, 144
Sir F. Treves on, 143
Take stock of the enemy, 104
Tempered steel or dust, 257
Testimony of journals, 36
Tests, important, 69
Therapeutic force, tests of, 108
Therapeutics, general mental, 104–116
will in, 115
Thinking, saying, seeing, and hearing, 128
Three artificial helps, 30
Time in bed, 226
Trace predisposing cause, 250
Transatlantic exaggeration, 8
Travel, abuse of, 236
how to conduct, 237
Treatment, and specialists, 98
by self, 117–130
cost of, 182
important in nerve disease, 124
main line of, 175
medical, by doctor, 131–152
neglected at hospitals, 121
of disease changing, 13
of neurasthenia and hysteria distinct, 161
prognosis depends on, 97
secondary to diagnosis, 121
uninteresting to doctors, 8
Treves, Sir F., on tact, 143
True self, revealed, 48
Truth, Fichte on, 11
searchers after, 12
Tune with the infinite, in, 26
Two egos, 13
Two points to be seen to in after-cure, 243

Unconscious healers, 44
influence, 24
Unconscious mind, and leucocytes, 18
and V.M.N., 118
nature of, 5
self treatment, 17
weakness of, 15
Underworld, discovery of, 4
Unprofessional professional visits, 115
Use and abuse of hypnotics, 172
of auto-suggestions, 126
of massage, 162
Uselessness of fixed systems, 155

Valuable personal qualities, 138
Value of Babinski's sign, 96
bed, 162, 184
chlorobrom, 172
clever nurse, 227
decision, 70
details, 151
doctor's visit, 75
family physician, 116
firmness, 149
first visit, 75
grave speech, 91
hobbies, 252
honesty, 151
hydros, 239
medical psychology, 134
paraldehyde, 172
patience, 147
perseverance, 148
personal experience, 86
sailing ship, 237
scales, 243, 248
spas, 239

Value of sympathy, 146
the medical bear, 145
woods, 237
Varieties of mental therapeutics, four, 109
of neurasthenia, 105
Various mental backgrounds, 73
Vicious circle, 82
V.M.N., 117
and chemical poisons, 19
and immunity, 18
and physician, 21
and U.M., 118
condition of, 16
doctor can assist, 119
doctor gets credit for, 123
Dr. M. Bruce on, 119
Dr. Wilkinson on, 122
in fractures, 19
perverted action of, 20
recognition of, 40
stronger than drugs, 119
weak in nerve disease, 124
Visceroptosis in neurasthenia, 67
Visit better than consultation, 47, 71
Visits, how often, 229
of husband, 233
Vitality, stock of, 245
Voyage, cases suited for, 237

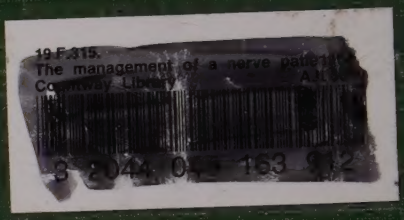
Water and baths, 169
Waters, mineral, 169
Weakness of U.M., 15
Weight is not all, 249
to remain same, 248
When to give sympathy, 139
Wholeness, health, and holiness, 26
Wife as nurse, 182
Wilkinson, Dr., on the V.M.N., 122
Will, in therapeutics, 115
nerve-patient deficient in, 30
power, nerve-patient can use, 126
Women, depression common in, 107
do not like lady doctors, 64
have small income, 247
Woods, value of, 237
Word and manner, importance of, 53
Work, cure by, 235
kills as well as worry, 90
Worry, work kills as well as, 90

Youth, capital stored in, 244
Youthful excess, danger of, 244

PRINTED BY
SPOTTISWOODE AND CO. LTD., NEW-STREET SQUARE
LONDON

19.F.315.
The management of a nerve patie1906
Countway Library AJL6620
3 2044 045 163 912

COUNTWAY LIBRARY
HC 5421 +


19.F.315.
The management of a nerve patient
Countway Library
3 2044 043 163 912